

O B S E R V A T I O N S

ON THE

P R O G N O S T I C

I N

A C U T E D I S E A S E S.

B Y

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TRANSLATED FROM THE FRENCH.

W I T H

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P R E F A C E.

THE great end of phyfic being to distinguish, and to cure diseases ; such publications, as are the result of long experience, and a judicious and attentive observation, cannot be too generally read. The art of Prognosticating in phyfic, has always been considered as a very essential proof of a physician's knowledge ; and his abilities in his profession are very often measured by his

skill in this department: nor is this altogether without reason, because no man can foresee what is likely to happen in an Acute Disease, who is not thoroughly acquainted with its nature, and, at the same time, able to distinguish, with accuracy, all the signs it affords, and then, after tracing each of these, to its most probable cause, to weigh these causes with precision, and compare them with each other, and with the natural powers of the patient. The Prognostic has, therefore, an intimate affinity with the Diagnostic, and this knowledge evidently requires an extensive acquaintance with books and nature. A physician, who excels in this art, must have studied diseases, both in his closet, and at the bed-side of the sick. He must, likewise,

wife, possess a clear, steady, and penetrating judgement, which suffers no symptom, not even the most minute one, to escape him, and which knows how to give to each symptom its just value. These are qualities, which every practitioner does not possess, and even they who do, will probably not be displeased to have an useful compendium, which may facilitate their studies in this way. Every man, who aims at practising with reputation, will naturally wish to improve his knowledge of the Prognostics, because, without such a knowledge, he will be exposed to endless errors, and mortifications. He will, perhaps, pronounce, that a patient is out of danger, who shall die in the night; or, that another is dying, when nature

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ture is really bringing about some salutary change. One of the first questions, that a patient, or his friends, put to a physician, is, "*Do you think there is danger?*" or, "*Do you give us any hopes?*" and how will that man be esteemed, whose Prognostic is every day contradicted by the event, and who flatters the hopes of a family, when a father, or a husband, or a daughter, are at the brink of inevitable death; or who brings grief and sorrow to the bed-side, when the patient is out of danger. Yet these are no imaginary cases, but facts, which every day occur, to the disgrace, not of physic, but to those who stile themselves physicians.

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The ancients, who studied nature in herself, were extremely attentive to the signs of diseases, and, of course, were well skilled in the art of Prognosticating. Semeiology, or the doctrine of signs, was, confessedly, the best and most useful part of the medical knowledge of the ancients. All experienced physicians, have studied the Prognostics in the writings of Hippocrates, but even the most judicious admirers of that divine old man, are obliged to confess, that many of his Prognostics are defective. Some of them are evidently contrary to experience. Others are delivered in a general manner, altho' applicable only to particular cases. Many of his Prognostics are delivered as certain, which have a claim only to probability. We shall very often find

find him giving some particular signs as the forerunners of death, but which commonly announce, only more or less danger. In short, many of his Prognostics, (either through the obscurity of the stile, or from the diseases, to which they relate, not being sufficiently known) are altogether unintelligible, and have even been the subject of controversy. There was, therefore, no other way to rectify these mistakes, and establish the science of Prognostics on a clear and coherent basis, than by attending carefully to nature, and comparing the signs and events of diseases, with what we find delivered by Hippocrates, and other good writers; and with what might have occurred to the observer himself, in the course of his practice. A work, judiciously

judiciously executed on such a plan, was a desideratum in physic.

Prosper Alpini's seven books, *De presagienda vita et morte*, have long been in great repute with physicians. Whoever reads them, sees, at once, all the doctrine of the ancients on this subject, but he copied from them indiscriminately, without distinguishing between truth and error.

The author of the following work, informs us, in his preface, that his first care was to divest himself of all superstitious veneration for the writings of Hippocrates; that he has carefully compared the Prognostics of Hippocrates with his own observations; adopting such as were conformable to truth; and correcting

or rejecting, such as were defective or erroneous ; that he has had in his eye the best writings on this subject ; and has availed himself of such lights, as the frequent dissection of morbid bodies, has occasionally thrown on the subject.

“ In the almost infinite number
 “ of signs,” says the ingenious author, “ which Acute Diseases afford
 “ us, there are only some few that
 “ are peculiar to any one of these
 “ diseases. All the others are common to them, and have, therefore,
 “ the same Prognostic signification,
 “ whether it be in inflammation of
 “ the breast, or in continued fevers,
 “ or small-pox, &c. Hence the
 “ utility of treating the Prognostic
 “ in these diseases, in a general
 “ ral

“ general way, and with all the
 “ extent it merits ; and which could
 “ not be done with each of these
 “ diseases, separately, without fall-
 “ ing into continual repetitions.
 “ Hippocrates was aware of the
 “ great utility of such a plan, which
 “ he has accordingly adopted, in his
 “ book, *De Prænotationibus*, which
 “ is, perhaps, the best, or at least,
 “ the most exact of all his writings.
 “ The present work is formed on the
 “ same plan. It is, particularly, in-
 “ tended for young physicians. I
 “ hope it may contribute, to facili-
 “ tate their progress in the art of
 “ Prognostics, and likewise lead
 “ them to relish and understand the
 “ writings of Hippocrates, and to
 “ distinguish the little taste and dis-
 “ cernment of the greater number of
 “ his commentators. In short, I
 b 2 “ flatter

“ flatter myself, that it will tend to
 “ remove some of the difficulties
 “ which must necessarily be sur-
 “ mounted, before we can make
 “ any proficiency in this interesting
 “ branch of phyfic.

“ Confining myself to the simple
 “ narration of facts, my great aim has
 “ been, to be concise, without being
 “ obscure. I have very seldom spo-
 “ ken of any Prognostics, that I have
 “ not seen confirmed in my own
 “ practice ; and if I have sometimes
 “ deviated from the rule, I had laid
 “ down in this respect, it has only
 “ been for a small number of Prog-
 “ nostics, the truth of which seem-
 “ ed to be confirmed, by so many ob-
 “ servations, and by writers of such
 “ weight, that it would have been
 “ exceeding

“ exceeding the bounds of a prudent
 “ reserve, not to have inserted them
 “ in this work.

“ The reader will, very often, find
 “ a considerable difference between
 “ the Prognostics of Hippocrates,
 “ and those of this work, which re-
 “ fer to him. In some, I shall be
 “ found giving a literal translation
 “ of him, and in others, saying more
 “ than he says. The judicious rea-
 “ der, will easily conceive my reasons
 “ for so doing. Whenever the asser-
 “ tions of Hippocrates, are clear, and
 “ evidently conformable to experi-
 “ ence, I content myself, with giving
 “ his expressions; but whenever he is
 “ too concise, or obscure, or contra-
 “ dictory to experience, I have at-
 “ tempted to rectify the defect.

“ In

“ In a work of this sort, only by
 “ much the smaller number of Prog-
 “ nostics, can be delivered as certain-
 “ ties : the rest will vary in their de-
 “ grees of probability. It has, there-
 “ fore, been my aim, to adapt my ex-
 “ pressions to the degree of probabi-
 “ lity, which seemed to belong to
 “ each Prognostic.”

To this account of the work, the
 Editor has only to add, that in his
 translation, he has endeavoured to
 adhere closely to the sense, and ex-
 pressions, of the original ; and he
 flatters himself, that the notes, he
 has occasionally added, will, in some
 measure, improve the utility of the
 performance.

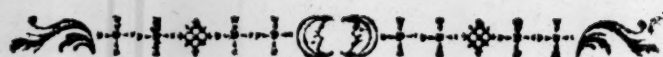
A D V E R-

ADVERTISEMENT.

THE reader will meet with different kinds of references in the course of this work, The Roman numbers included in a parenthesis, (§ ccccl.) refer to different paragraphs of the work. The Arabic numbers, preceded by an asterism, (* 14.) refer to the notes at the end of the work; and the numbers preceded by these three letters, *Hip.* refer to the Prognostics of Hippocrates, on Acute Diseases, which are collected together at page 197, *et seq.* At the end of each of these Prognostics, care has been taken to indicate, from what part of the writings of Hippocrates they have been collected. Zuinger's edition * has been followed, in the numbers which distinguish the paragraphs, taken from the *Prænotiones*, and *Prænot. Coac.*

All the notes, at the bottom of a page, are by the editor.

* *Magni Hippocrates coi opuscula aphoristica*, &c. Basilæ, 1748.



Lately published,

By the EDITOR of this WORK,

A

DISSERTATION

O N

CANCEROUS DISEASES, &c.



OF THE
PROGNOSTIC
IN
ACUTE DISEASES.

TO arrange in due order in our memory the signs which indicate the Prognostic in acute diseases, and to enable us to observe them advantageously at the bed-side of the sick; we must necessarily consider by what series of effects these diseases become dangerous, and even mortal; and in what way they are to be cured. It is the total cessation of the circulation of the blood that constitutes death. This is the boundary to which all mortal diseases tend. Their effect is therefore gradually to weaken this function, till the moment in which it is altogether extinguished. This is their ultimate effect. It is indeed an internal
B one,

one, and beyond the reach of our senses; but it is accessible by many secondary and sensible effects, which being derived from it, become so many signs of this internal effect of the disease. These signs of a languid and nearly extinguished circulation, are chiefly an excessive weakness of the whole body, pulse, and countenance, a great change in the physiognomy, and coldness of the extremities; the ends of the fingers and toes, and even some parts of the face, have, at the same time, a livid aspect. Daily experience proves the connexion of the secondary and sensible effects, with the languor of the circulation which occasions them, and which they, in their turn, serve to indicate. The greater or less degree of sagacity in the physician, in foreseeing the approaching death of his patient, depends therefore on his ability to observe and understand these signs. It will depend, likewise, on the other signs which the disease may have presented, or continues to present; and which weaken or confirm the Prognostic of an inevitable and speedy death,

death, according as they are found to indicate, either that the viscera are in a sound state, or that some one among them is grievously affected.

It does not indeed often happen, that the gradual weakening, and the total cessation of the circulation, are the immediate effect of the disease. Its first attacks are usually on some particular viscus, which becoming mortally affected, does, in its turn put a total stop to the circulation. At the beginning of many acute diseases which become mortal, the vital powers seem to be increased, instead of being diminished. When they become so far weakened, as to give room to foresee the approach of death, this event seems almost constantly to be clearly determined by the influence of the disease on some particular viscus, by the alarming and irremediable affection it has occasioned in it. Without speaking of the peripneumony, of the hepatitis, and other diseases of the same class, where the inflammation of the particular viscus is

evident from the very first attack: it is a familiar fact, that the acute fevers, which have been named idiopathic ones; and likewise, eruptive fevers, as the small pox and measles, become mortal, only so often as some internal part, during their course, becomes irremediably injured. Sometimes we see this fatal influence determined to the brain or its meninges; sometimes to the lungs or the pleura; and sometimes to one or other of the abdominal viscera.

ALTHOUGH, from their particular nature, pestilential and malignant fevers would seem immediately to weaken the circulatory organs and vital powers; yet they prove mortal in the same manner. It indeed sometimes happens in the plague, that the circulation of the blood, is, as it were, suffocated, and that the patient dies in the very horripilatio that marks the attack of the disease. A syncope happening in the course of a pestilential or malignant fever, is sometimes sufficient to occasion the death of the patient, which
seems

seems then to be determined solely by the impression of the disease on the organs of circulation: but these events are rare. The usual progress of these diseases, when they become mortal, is to excite, either at their beginning or during their course, an irremediable affection of some particular viscus. This appears from the successive chain of symptoms in these diseases when they terminate in death. In some it is a phrenitic delirium, in others a comatose affection; now and then it is epileptic convulsions that characterize the melancholy influence of the disease on the brain or its meninges. A very painful stitch in the side, together with a difficulty of breathing, will announce its influence on the lungs or the pleura. An excessive elevation of the lower belly, or a sensible and painful tumefaction of any particular part of that cavity, will likewise occasionally point out the effects of the disease to be on some one or more of the abdominal viscera.

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THE dissections of subjects who have died of Acute Diseases, whether idiopathic or symptomatic, inflammatory or malignant, confirm what I have now advanced on the internal causes of the symptoms they disclose. These dissections prove the connexion of these symptoms with the internal affections they indicate. They prove, at the same time, that a man rarely falls a victim to an Acute Disease, without there appearing on dissection, evident marks of the disease having more or less affected certain viscera, either by inflammation or abscess, or gangrene, or purulent, or gangrenous spots; or sometimes, by producing an exudation or extravasation into some one of the three cavities.

OUR books abound with observations in confirmation of this doctrine. It is indeed a truth that is adopted by all experienced physicians who attend carefully to diseases. It is on this that their enquiries at each visit are founded, and by which they aim at discovering how
much

much any of the viscera are disturbed or injured. It is a common language with practitioners in acute fevers, to say, "*The viscera or the cavities are free;*" or, that "*the disease threatens to attack, or has attacked the head, the breast, or the lower belly;*" or, that "*it affects such and such viscera, that this affection is trifling, or that it is alarming.*" All these expressions mark at once the degree of hope or fear they conceive from the symptoms of the disease, to be proportioned to the state of the viscera, or to the injury with which one or more of them seem to be menaced.

SUCH is therefore the ordinary progress of diseases when they become mortal. They begin by injuring some particular viscus, and this affection, when in a certain degree, gradually weakens the power of the circulation, and at length occasions its total cessation. This likewise is the usual progress of deep wounds, or of the inflammation and gangrene of external parts. Whenever the operation for the
stone

stone is followed by death, this event is to be attributed to the inflammation that takes place in the bladder and parts around it. The mortal disease that sometimes follows such an operation, begins at first with acute fever, together with a glistening, pain, and extreme sensibility in the hypogastric region, which denotes the inflammation of the parts I have mentioned; and this inflammation, when arrived at a certain degree, will occasion the great diminution of the pulse, and all the other usual forerunners of a speedy and inevitable death. If the inflammation of any tendinous part, or a compound fracture, or an amputation, are succeeded by death; we constantly observe in the course of either of these diseases, that independent of the fever, either phrenitic delirium, or tetanos, or comatose affection, or great difficulty of respiration, pain in the side, or some other symptom takes place, and denotes the peculiar influence of the disease on some or more of the viscera; and, that to these symptoms succeed those which are the signs of a languid

guid and nearly extinguished circulation. It is therefore essential to sound and successful practice, that the physician be minutely informed of all the signs that lead to point out the healthy state of the viscera, and of the principal organs of the circulation; and likewise those which on the other hand, indicate the more or less baneful influence of Acute Diseases; on those organs, or on the viscera. These latter ones constantly announce more or less of danger, whereas the others enliven our hopes. These signs, when drawn from exact observation of the different symptoms of Acute Diseases that terminate in death, or that end in a cure, become the most solid basis of the Prognostic in these cases; and it is therefore to those signs that we shall devote the First Section of our work.

WHEN a patient is attacked with an acute fever, and cured by the resources of nature alone, and without the assistance of art; we almost always observe, that this happy termination of the disease is

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due

due to some evacuation, or to some critical external abscess, or to some eruption, by means of which nature seems to carry out of the circulation, the morbid matter which had occasioned the disease. Attentive physicians likewise observe the same thing to happen to almost all the patients in this way who come under their care.

THESE evacuations, or abscesses, or eruptions, which take place in the course of acute diseases, are not always, however, equally salutary. In some circumstances they announce danger, in others they even denote the death of the patient to be at hand. It is therefore of importance to know and to be able to distinguish the force and value of all the various signs that have any affinity with these evacuations, abscesses, or eruptions: which, according to the difference of their qualities or of the symptoms that accompany them, announce either a cure, or more or less of danger. These signs which will be the subject of our second section, not only serve to establish the prognostic; but are likewise useful

ful in directing us to the proper treatment of the sick. The physician, who is ignorant of, or inattentive to them, will often be liable to the most dangerous errors, by depending, at improper seasons, and without reason, on the resources of nature, or by disturbing her by useless, and perhaps noxious remedies, at the time when she is favourably exerting herself to terminate the disease.

IN the third section we mean to collect together many signs which are very useful to be known; but which cannot be easily arranged in either the first or the second section.

THE fourth section will contain the prognostic signs that are peculiar to inflammation and abscess of the breast, and to some other acute diseases.

SECTION

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SECTION

S E C T I O N I.

C H A P. I.

Of the signs which indicate the state of the circulating powers; and of the prognostics to be derived from them.

§ I. **I**T is of advantage, in acute fevers, to find the pulse yielding, equal, and free; and that with respect to strength, it be not very different from the natural pulse.

§ II. **T**HE pulse which is at the same time frequent, small, soft, weak and often unequal, and which persists in this character, is habitual to pestilential and malignant fevers, and likewise to the inflammation of the breast, angina and dysentery which we name malignant. (* 1.) It announces danger.

§ III. **W**HEN

§ III. WHEN the pulse from being free and open (*développé*), with some degree of strength and even hardness, becomes small, soft, and weak, the sign is an unfavourable one. We may fear that this disease will soon terminate in death. (* 2.) On the other hand we may speak more favourably of what is to happen when the pulse from being in this latter state becomes more strong and open.

§ IV. A VERY small, weak pulse announces imminent danger. The creeping and thread like pulse, is the forerunner of death.

§ V. THE empty pulse (*pouls vuide*), for so we call that pulse which with the sensation of extent, seems at the same time to be soft and weak, forebodes imminent danger. (* 3.)

§ VI. ALTHOUGH the state of the pulse may be alarming, we are not however to suppose that death is at hand, unless the attitude (§ xv and seq.), and physiognomy

§ XXIV

(§ xxiv and seq.) of the patient corroborate the prognostic.

§ VII. THE intermitting pulse if it has strength, is not so dangerous in acute diseases, as the ancients supposed it to be: It is no alarming symptom in old persons: It is sometimes a forerunner of salutary diarrhœa: It does not even forbid venæsection, if the other circumstances seem to indicate the evacuation.

§ VIII. AMONGST the variety of acute diseases, it sometimes happens, that the pulse does not beat with more frequency, or is even slower, than in health. This character of the pulse cannot therefore, on such occasions, sensibly influence the prognostic; which we must derive from the strength or weakness of the pulse, and from all the other symptoms of the disease.

§ IX. BILIOUS, acrid matter, or worms, irritating the intestinal canal; passions of the mind; hemorrhage; vomiting; or a sudden

fudden and copious diarrhoea, may occasion a temporary weakness and irregularity of the pulse, which ought not to alarm us.

§ X. In a great number of cases, the prognostic, if founded solely on the pulse, would deceive us. We are therefore not to confine ourselves to the consideration of the pulse alone: we must carefully and attentively examine and deliberate on all the signs that the disease presents to us; and after having reflected on these and all that preceded the attack, we must form our prognostic by combining all those considerations together.

§ XI. If, after sitting up for some time, a patient feels himself faint, the physician is not to be alarmed.

§ XII. THE faintness, which at the beginning of an acute fever, is occasioned by bilious matter, or worms irritating the stomach, is in no way dangerous.

§ XIII.

§ XIII EVEN syncope, tho' always more or less alarming, has not usually any bad consequences, when occasioned by the above causes (§ XI, XII.), or by the passions of the mind.

§ XIV. BUT the faintness, and above all, the syncope, which sometimes appears in the course of an acute fever, without seeming in any way to depend on either of the above causes (§ XI, XII, XIII), are to be considered as very dangerous symptoms. It is then to be feared lest a fresh syncope should suddenly put an end to the patient. (* 4.)

§ XV. To judge properly of the state of a patient's strength, we should attentively consider what are the attitudes he takes and is able to support.

§ XVI. It is in general a very favourable sign, when the patient is able to get up to satisfy his wants ; and when he is able to sit up for some time without much inconvenience ; or that if he keeps his bed altogether

altogether. That he lie in it on one side, with his legs, thighs and body somewhat bent, because this is an attitude which supposes some degree of strength, and is familiar to persons in health. *Hip.* 9.

§ XVII. If he lies constantly on his back, this attitude is the effect and the sign of great weakness. It usually occurs in the most alarming acute fevers, and concurs with the other symptoms in pointing out their danger. *Hip.* 10.

§ XVIII. If in this attitude the patient keeps his legs and arms spread; his hands, feet, neck, and breast bare, altho' these parts feel sensibly cold to the touch; these symptoms, of distress (§ xx), and insensibility, add to the unfavourableness of the Prognostic (§ xvii). *Hip.* 12.

§ XIX. If the patient is continually sliding down towards the foot of the bed, so that the assistants are frequently obliged to raise him to his pillow, we may argue an excessive weakness, which is to be

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considered as a most alarming symptom. *Hip.* 11.

§ XX. THE anxiety, or in other words, the internal uneasiness which obliges the patient to be incessantly varying his position, is very commonly the forerunner of death. When this happens, the anxiety has usually been preceded, and continues to be accompanied, by the most alarming symptoms; such as a very bad pulse, the *facies hippocratica* (§ xxv, xxvii), coldness of the extremities, cold sweats, excessive weakness and insensibility. *Hip.* 13, 14.

§ XXI. If, the patient, tormented by a constant internal sensation of heat, is incessantly throwing the bed cloaths from off his breast, we may conclude this to be a most fatal symptom, which precedes and even accompanies the agonies of death.

§ XXII. BUT when this anxiety takes place at the beginning of an Acute Disease,

Disease, without having been preceded or even accompanied with any other alarming symptom, the Prognostic will be more favourable. In this case it will often depend on a simple affection of the stomach from irritating bile, worms, &c. which ceases the moment it is freed from these causes, either by means of art or nature.

§ XXIII. If from the first onset of an acute fever, the strength of the patient appears to be much weakened, altho' the fever is not violent, nor has been preceded by great pain or evacuations, yet we may conclude, that the fever will be of the malignant kind. *Hyp.* 15.

§ XXIV. It is of advantage for the patient's physiognomy to be nearly in a natural state; that his look be firm and clear; that his face be not meagre, and deprived of its flesh; that his complexion be not very different from what it was in health; that his lips preserve their natural colour, and that they be closed

even while the patient sleeps, unless his nostrils are stopped, or that he is accustomed to sleep with his mouth open.

Hip. 16.

§ XXV. But if his nose appears lengthened, his eyes sunk, his temples hollow, and the skin of his forehead dry and distended: if at the same time his ears are cold, dry, and drawn back; his complexion exceedingly pale or sallow; his look, languishing; and his lower lip hanging down. Such a change as this in the features, is a proof of excessive weakness, and announces the most imminent danger. *Hip.* 16.

XXVI. THESE symptoms, however, are less formidable, when they appear at the beginning of an acute fever: especially when they have been preceded and occasioned by any excess; by a violent diarrhoea; by a laborious and obstinate vomiting; or by a considerable hemorrhage: in either of these cases, the change in the physiognomy usually disappears

disappears within four and twenty hours, and sometimes in less time. But if, independent of any of these causes, we observe such signs (§ xxv.) towards the close of an Acute Disease, which has before been attended with the most alarming symptoms, and exhausted the strength of the patient, we may conclude that he is near his end. *Hip.* 17.

§ XXVII. IN this last case his physiognomy often affords other signs which confirm the fatality of the Prognostic. His look is sometimes wholly extinguished, or he directs it in an opposite direction to the voice that calls him; his eyes seem filled with tears or they appear to be foul, fixed and jutting out, or incessantly agitated with sudden and convulsive motions; or else remaining open, the pupil is wholly, or in some degree hid under the upper eye lid. Sometimes even the cornea becomes faded and tarnished; the pupil dilates itself; the mouth is turned awry, or open, and the lips are pale and cold:

cold : sometimes, to all these, are added marks of lividity about the temples, and around the lips. *Hip.* 18 & seq.

§ XXVIII. THE livid complexion of the ends of the fingers and nails, a permanent coldness of the extremities, cold sweats, and rattling in the throat, are symptoms that are frequently attendant on the unhappy signs we have described. This melancholy scene is at length closed by a respiration, which every moment becomes less frequent, till the patient breathes his last sigh, with horrid convulsions in the muscles of the mouth.

§ XXIX. A LONG habit, of attending carefully at the bed-side of the sick, to all the signs, that the physiognomy, the attitude, and the respiration of the patient are able to afford, furnishes the experienced Physician with that masterly eye, which enables him to appreciate, with great readiness, the signs of
this

this kind, and to draw from them a Prognostic, which sometimes appears to us to be not less wonderful by the propriety of judgement, than by the facility, with which it seems to be made.



C H A P. II.

Of the signs which indicate the sound state of the viscera, or which prove them to be more or less affected.

§ XXX. **I**T is of advantage, in Acute Diseases, for the belly to be soft, as in the natural state; and at the same time, neither tumid nor painful. *Hip. 23.*

§ XXXI. **I**F the volume of the abdomen seems increased; if, when gently tapped, it resounds like a drum: we learn from these signs, the flatulent distension of the abdomen.

§ XXXII.

§ XXXII. THE Prognostic to be derived from it, will be very different, according to its different degrees.

§ XXXIII. IF this distension takes place only in some particular part of the lower belly; or if, altho' seemingly extending through the whole of it, it is only inconsiderable; and if, at the same time, it is not accompanied by pains which might lead to suspect the inflammation of some of the abdominal viscera, there is nothing formidable in the appearance. We every day see it happen in Acute Diseases which terminate happily, and without any appearance of danger.

§ XXXIV. BUT if the abdomen becomes enormously tumid, and distended with *flatus*, the appearance is then of alarming portent. *Hip.* 25. It is usually accompanied by a number of other symptoms, which equally announce, either very imminent danger, or the approach of death. (* 5.)

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§ XXXV,

§ XXXV. THE eruption of flatus at the mouth, causes this distension to cease in the epigastric region.

§ XXXVI. THAT which is seated in either of the Hypochondria, is commonly dissipated by copious stools and borborygmata; whether these evacuations are spontaneous or occasioned by the use of purgatives.

§ XXXVII. THE pains, which in Acute Diseases, chance to attack any particular part of the lower belly, afford a very different Prognostic, according as they are more or less increased or unaffected by pressure.

§ XXXVIII. THE pains, which are not increased by pressure, are occasioned by acrid, bilious matter; by flatus; or by worms, that irritate the stomach and intestines. Pains of this sort are not alarming.

§ XXXIX.

§ XXXIX. THE same causes, however, (§ xxxviii.) altho' seated in the lower belly, sometimes occasion pains, which are by the patient referred to the breast. And they likewise, sometimes, excite cough and difficulty of breathing. (* 6.)

§ XL. IF, during the course of an acute fever, a patient complains of pains and of an irregular pricking sensation within the abdomen or thorax; *Hip.* 45. we may presume that he has, and will evacuate, round worms. The known character of an epidemic disease, often confirms such a suspicion, and reduces it almost to certainty.

§ XLI. IF, the patient complains that he feels something rising from time to time into his thorax, so as to threaten suffocation, we may be almost assured that this symptom is occasioned by worms irritating the upper orifice of the stomach, and rising even into the oesophagus.

§ XLII. A PAIN, more or less acute, at the stomach, and particularly at the hollow of the stomach, is another symptom which we pretty frequently observe in acute fevers.

§ XLIII. IF neither palpitation, nor a slight compression of the stomach sensibly increase this pain; we may suppose that it depends on bilious, acrid matter, or on worms; and therefore are not to be alarmed by it.

§ XLIV. BUT if the slightest pressure adds to the pain and renders it insupportable; we may conclude it to be inflammatory. In this case it will afford a very unfavourable Prognostic. *Hip.* 44. It will then likewise be accompanied with other symptoms, which will corroborate the idea of great danger.

§ XLV. IF, during the course of an Acute Disease, there comes on a pain in one or other of the hypochondria, or in some other part of the lower belly, and
which

which is not sensibly increased by compression ; we may suppose it to be seated in some intestine distended by flatus, or irritated by bilious matter, or by worms.

§ XLVI. If, after an exact palpitation, we are able to trace the figure of a distended intestine, and any noise is felt or heard in the bowels, at the same time ; we can no longer doubt that the pain is produced by flatus.

§ XLVII. PAINS of this sort are neither dangerous nor durable. Evacuations by stool, discharge of air by the anus, and sometimes simple borborygmata, are found to dissipate them. *Hip.* 41.

§ XLVIII. BUT if in the course of an acute fever, there appears a glistening, painful tumefaction of some part of the lower belly ; and the pain that accompanies it, becomes sensibly more acute, on the slightest pressure : and if it is rendered insupportable by making a little more
com-

compression; we may be convinced that this part is in a state of inflammation, and indeed we shall usually find it accompanied by other formidable symptoms. *Hip.* 28, 29, 30, 31, 32.

§ XLIX. THIS symptom may be discovered even in comatose affections, by the distortion that appears in the countenance of the patient, whenever we carry our hand to the inflamed part.

§ L. THIS symptom, tho' commonly a mortal one, is, however, not always so. Sometimes, tho' rarely, tumours of this sort degenerate into abscess, more especially when they are seated in the liver. *Hip.* 31, 32.

§ LI. WE have reason to suspect that the disease will take this turn, when the symptom continues to persist, without the concurrence of the other symptoms that constantly announce the approach of Death. *Hip.* 31, 32.

§ LII.

§ LII. WHEN an abscess of this sort is actually formed, it is to be wished, that it may soon appear externally, and manifest itself by that kind of oedematous state of the common integuments, which, in deep abscesses, announces them to be making their way outwards; and that the fluctuation may soon be sufficiently sensible for us to evacuate the matter. *Hip.* 38, 39.

§ LIII. ON carrying the hand carefully over the abdomen, in patients attacked with acute fevers, we sometimes, tho' rarely, perceive a large, glistening and firm tumour, but without any marks of inflammation or pain, in the umbilical region. Tumours of this sort do not seem to be dangerous. They are commonly dissipated by copious evacuations by stool; whether they be spontaneous, or determined by means of purgative medicines.

§ LIV. The Ascites, which sometimes takes place in the course of an acute fever,

fever, is usually the effect of an inflammation of the bowels, that is generally mortal. (* 7.) *Hip.* 43.

§ LV. WHEN the patient breathes, as he did in health; and is able to make a deep inspiration without feeling any inconvenience, or pain, or excitement to cough: we may not only conclude, that neither the lungs, nor pleura, are injured; but likewise, that the abdominal viscera are in a good state, and that no dangerous change has as yet taken place in the functions of the circulatory organs. No sign, therefore, can be more comforting and consolatory than this is, whenever we observe it in acute fevers. *Hip.* 46.

§ LVI. ALTHO' the respiration should appear to be pretty free; yet, if the patient is unable to make a deep inspiration, without feeling an uneasiness, or irritation, or pain in some part of the breast, it proves, that the thorax is not absolutely untouched, and ought, therefore, to lead the physician to inquire,
with

with the utmost care, whether the lungs suffer only from a simple irritation, or whether there is not reason to suspect some more serious affection.

§ LVII. AN acute fever, renders the respiration more frequent and laborious, than in a natural state. The Prognostic of this kind of respiration, does not differ from that of the fever, which occasions it.

§ LVIII. IF, during the course of an acute idiopathic fever, we observe symptoms of pleurisy, or peripneumony; such a complication can afford only an unfavourable Prognostic. *Hip.* 47.

§ LIX. THE inflammations of the breast, however, which occasionally take place in the course of acute fevers, are not, in general, so fatal, as those, which, in fevers of the same kind, affect the abdominal viscera. (* 8.)

§ LX. THE exacerbations, of continued remittent fevers, are often announced, and even preceded, by a vexatious cough.

§ LXI. THE cough, and even the difficulty of breathing, when they take place only at the beginning of the exacerbation, often originate more from the irritation of bile in the stomach, than from any morbid affection of the breast.

§ LXII. WHEN a patient lies with greater inconvenience on one side, than on the other; we are to consider, that this symptom may belong to different diseases; as, for example, to an inflamed state of one of the lobes of the lungs; or to an effusion of pus, or of serum, into one of the cavities of the thorax; we shall describe the Diagnostic, and Prognostic of each of these different cases, in the fourth section, when we come to speak of inflammations of the breast, and their effects.

§ LXIII.

§ LXIII. If the patient speaks hastily, and unintelligibly, it proves that he is either delirious, or has his respiration much incommoded. In this last case, the patient is unable to converse long at a time; his words are uttered much quicker at the close, than at the beginning, of a phrase. If this symptom happens to be the effect of delirium, it may be known by the signs (§ 76. 78, 79.) which characterize it.

§ LXIV. A SLOW and laborious respiration, usually accompanies comatose affection and silent delirium. *Hip.* 48.

§ LXV. PLAINTFUL respiration, during sleep, is always to be considered as an alarming symptom, unless it is the transitory effect of an uneasy dream. While the patient is awake, the Prognostic from this symptom, can be formed only by comparing it with the temperament, and disposition of the patient. If he is delicate, tender of himself, impatient of pain, and accustomed to exaggerate the

least suffering, we shall be less alarmed, than if he is naturally robust, and of a patient temper.

§ LXVI. A SMALL, and frequent respiration, is an alarming symptom; whether it depends wholly on the excessive weakness of the patient, or whether it be the effect of an acute pain in the breast, or of a considerable tumefaction of the lungs, or of an acute pain in any part of the lower belly. *Hip.* 47.

§ LXVII. THE respiration, which is at once small, quick, and laborious, is still more dangerous.

§ LXVIII. WHEN the respiration in Acute Diseases, is so laborious, as to be performed with short breathing, and with the manifest action of the muscles of the neck and breast, and even of the alæ of the nose; we may conclude that death is at hand.

§ LXIX.

§ LXIX. THE respiration cut off, *spiratio luctuosa*, *spiritus offendens*, is a most alarming symptom. *Hip.* 51, 52.

§ LXX. IF, in the course of an acute fever, the patient is suddenly attacked with an extreme difficulty of breathing; or is oppressed, so as to require to be supported by pillows, and to sit up, the Prognostic will be very unfavourable. This symptom, particularly takes place in inflammatory diseases of the breast. (§ ccccxli.) *Hip.* 53.

§ LXXI. A RATTLING in the throat, indicates the agony of death. It is accompanied by all the other signs of death.

§ LXXII. It is perhaps superfluous to observe, that the physician is not to confound with this last symptom, the noise in the throat, which sometimes happens in inflammations of the breast, when the patient expectorates with difficulty. He
must

must, indeed, be a novice in physic, who makes such a mistake.

§ LXXIII. SLOW respiration, the intervals of which, are every moment more and more lengthened out, is the immediate forerunner of death.

§ LXXIV. IT sometimes happens, and especially in comatose affections, that this kind of respiration alone, and without any rattling in the throat, announces the death of the patient.

§ LXXV. IT is of advantage in Acute Diseases, for the patient to enjoy fully, the faculties of his soul; that there be nothing changed in his sentiments, or actions; that his countenance be clear, and free from any sickly heaviness; that he be not without sleep, but that the sleep he enjoys, be tranquil and refreshing. All these signs are favourable ones. We may conclude from them, that neither the brain, nor the nervous system, are affected by the disease. *Hip.* 57.

§ LXXVI.

§ LXXVI. NEITHER errors of judgement in familiar matters, nor manifest errors of the senses, nor an irregular imagination are the sole marks of delirium; every change in the voice, discourse, gestures, actions, and even in the countenance of the patient, proves that his soul is no longer in her natural seat, and are sufficiently characteristic of delirium, to the eye of the attentive and experienced physician. *Hip.* 60, 61, 64, 65, 66.

§ LXXVII. WE are not to confound with true delirium, the reveries of the patient, who either when sleeping, or half asleep, mutters through his teeth, or holds some unreasonable discourse. Nothing is more common, than a symptom of this sort, even in the mildest fevers; and nothing is less alarming, provided the patient, on being roused and interrogated, looks and answers in a natural manner.

§ LXXVIII.

§ LXXVIII. VIOLENT and obstinate head ach, redness of the face and eyes, humming and tingling in the ears, (*tinnitus aurium*) together with watchfulness, and limpid urine, are the symptoms which commonly precede and announce delirium. *Hip.* 58, 62, 63.

§ LXXIX. If the patient's imagination is more lively than usual; if he is loquacious, speaks hastily, and has a bold, piercing look, with a certain brilliancy about his eyes; we may conclude, that the delirium has taken place. *Hip.* 58.

§ LXXX. THE gay and gentle delirium, which is neither furious nor silent, and which is accompanied neither with comatose affection, nor with any other bad symptom, is often more alarming than dangerous. (* 9.) *Hip.* 67.

§ LXXXI. THERE are some persons, who from a particular constitution, are easily affected with delirium, whenever they are attacked with a small fever.

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In such subjects, delirium is, in general, a much less dangerous and alarming symptom, than it is in persons who are not disposed to it by temperament. *Hip.* 68.

§ LXXXII. DELIRIUM is, in general, more frequent, and less dangerous, in the diseases of young persons, (*adolescentes*) than in adults, old people, and infants. (* 10.) *Hip.* 68.

§ LXXXIII. WE observe the furious delirium, only in the diseases of young people.

§ LXXXIV. IT is of advantage for the delirium, to correspond nearly with the degree of fever: and that it increase or diminish with it.

§ LXXXV. BUT if when the pulse, and the vis vitæ diminish, the delirium does not likewise abate, but even increases, the Prognostic will be a very unfavourable one.

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§ LXXXVI.

§ LXXXVI. IT is a good sign, when the patient, after being tormented with delirium, at length falls asleep; and that this sleep, by being gentle and refreshing, and of sufficient length, removes the delirium.----Such a change, usually announces the cure. *Hip.* 69.

§ LXXXVII. EVERY phrenitic delirium, announces great danger; whether it be dull and silent, or raging and talkative. *Hip.* 73.

§ LXXXVIII. IF when the patient is silently delirious, his trembling hands are incessantly employed in picking the bed clothes, or the neighbouring wall, he is in the greatest danger. *Hip.* 71, 72.

§ LXXXIX. IT is disagreeable, and indeed unhappy, when the patient's delirium being confined to objects that are essential to himself, prevents him from drinking, and taking nourishment, and in short, from doing whatever is necessary to his cure. *Hip.* 74.

§ XC.

§ XC. DELIRIUM, when accompanied with *subfultus tendinum*, is always dangerous. We have still more to fear when delirious patients are incessantly agitated by an excessive sensibility, or by fear. (* 11.) *Hip.* 70. 75.

§ XCI. WHEN delirium is combined with convulsive motions, either in the wrists, or eyes, or muscles of the face, neck, or head; it is mortal.

§ XCII. NOR are epileptic convulsions, and the grinding of the teeth, which take place in phrenitic delirium, less certainly followed by death. Extreme weakness; tremor; bad pulse; convulsive motions, foulness, and redness of the eyes; vomiting of dark, black matter; the tongue dry, parched and trembling; the lips separated; the fore teeth covered with a viscid, dry and dark coloured matter; together with an extreme change in the features of the face; these are the symptoms which usually accompany delirium, when

it has a tendency to death. *Hip.* 77.
& seq.

§ XCIII. IF this phrenitic delirium ceases without this reason, that is, if the patient resumes his senses without this change having been occasioned by any critical evacuation, or deposition, the dangerous symptoms which accompanied it, still continuing; the death of the patient is at hand. (§ CCLXXXVII.)

§ XCIV. IF, when the patient has shewn his tongue to a physician, he forgets to withdraw it again; or if when he has called for the chamber pot, he omits to make water, &c. these marks of absence, or distraction, prove that he is either delirious, or comatose. *Hip.* 82.

§ XCV. IT is of advantage, if he preserves his physical and moral sensibility; and is affected, as in his natural state, both by heat and cold, as well as by all the other causes that may be liable to make
impressions

impressions on his senses ; it will be well too, if his mind continues to preserve its faculties, in circumstances which may be expected to interest, or excite emotions in it.

§ XCVI. BUT if the patient has the mouth and tongue parched, together with great heat and dryness of the body, and yet complains not of thirst ; if we find his hands, or his feet, or both, out of bed, altho' they feel cold ; if he goes to stool, and likewise voids his urine, insensibly ; if he seems to have no concern in whatever is going on around him, and if he looks with indifference, during the most distressful scenes ; we may conclude, that his brain is grievously affected, and that he is wholly deprived of sensibility. Such a state, cannot take place, without announcing the greatest danger. *Hip.* 83, & seq.

§ XCVII. IT is a good sign, (tho' it seldom happens) in Acute Diseases, when the patient sleeps in the night, and lies
awake

awake during the day, as he used to do when in health.

§ XCVIII. It is salutary, however, when he sleeps during a few hours in a tranquil manner, so that when he wakes he finds himself refreshed. The more he approaches to his natural state, in this respect, the more favourable will be our Prognostic. *Hip.* 88, & seq.

§ XCIX. WATCHFULNESS, usually precedes, announces, and accompanies delirium. (§ LXXVIII.)

§ C. UNEASY, plaintive sleep, disturbed by disagreeable and fatiguing dreams, and which exhausts, instead of refreshing the patient, altho' it is not to be arranged with the more grievous symptoms of the disease, yet it ought to excite the attention of the physician, when he is considering the character, and progress of the fever, and endeavouring to form a Prognostic, from all the symptoms it affords.

§ CI.

§ CI. IF the patient's sleep is disturbed by unusual grinding of the teeth, and wakes frequently, on a sudden, and as it were frightened, we have reason to fear some epileptic convulsive attack ; especially if this happens to a child ; and the more so, if the patient's cheeks are flushed, and his eyes fixed and brilliant. *Hip.* 103.

§ CII. IF the patient, who sleeps more than in a natural state, and even soundly, does, however, when roused and thoroughly awakened, appear to have a clear countenance, and to answer readily and with propriety, to the questions we put to him ; such a sleep as this, is often merely the effect of a somewhat smart fever. It does in no way prove the brain to be grievously affected ; and therefore ought not to be confounded with comatose affection.

§ CIII. BUT if we are unable to rouse the patient ; or if, when roused, he wakes with difficulty, has a stupid, unmeaning countenance,

countenance, and seems hardly, or not at all, to conceive the questions we put to him, and more especially if he returns no answer, or if his answers indicate delirium; and while we are speaking to him, sleep seems incessantly to be overpowering him; if he seems to be forgetful, or insensible; (§ xcvi.) we may conclude from these signs, that he has a true comatose affection, and this cannot be without danger. *Hip.* 91.

§ CIV. COMATOSE affections, in acute fevers, are in general, somewhat less dangerous, and more frequent in adults, and persons of more advanced age, than in younger subjects.

§ CV. THEIR danger is nearly in proportion to their degree. *Carus* is usually fatal. *Hip.* 92, 93, 94, 95.

§ CVI. COMATOSE, intermittent, and remittent fevers, the paroxysms of which begin with horripilatio, yield more easily to the bark, and are, in general, less dangerous

dangerous than comatose remittents, which assume the type of continued fevers.

§ CVII. If, in fevers of this last kind, the pulse from being frequent and open (*developpé*) during the remission, becomes very quick, soft, weak, and unequal in the paroxysms: if, at each paroxysm, this symptom seems to increase, as well as the strength and continuance of the heaviness the patients complain of in these cases; we have every reason to believe that the disease will be mortal.

§ CVIII. THIS unfavourable Prognostic, will be the more confirmed, if we have unsuccessfully employed the bark, to suppress or diminish the violence of the paroxysms.

§ CIX. AN inability to swallow; bad pulse; laboured, stertorous, or very rare, respiration; convulsive motions in the fingers, or wrists, or in the muscles of the head or face; *Hip.* 97. a vomiting of
H atrabilis,

atrabilis, and permanent coldness of the extremities; *Hip.* 96. The under jaw hanging down; livid complexion of the nails and ends of the fingers; marks of lividity around the lips and temples, are the unhappy symptoms which, in cases of comatose affection, announce, that it is about to terminate in death.

§ CX. THE lethargy is sometimes sympathetic, and dependent on pulmonary inflammation or abscess. If the patient escapes in this case, the disorder is usually followed by an expectoration of pus. *Hip.* 100.

§ CXI. *Subsultus tendinum*, is a frequent symptom in malignant fevers, and in other Acute Diseases, which partake of the same character. We likewise observe this affection after considerable wounds, and compound fractures, when the cases take a bad turn and excite a fever of the same kind. This subsultus may, therefore, always be considered as announcing danger. (* 12.)

§ CXII.

§ CXII. THE Prognostic, in this case, will be more or less favorable, in proportion as the subsultus is more or less violent; it will be necessary, however, to consider all the other symptoms, and likewise the age of the patient, before we form our opinion.

§ CXIII. THIS symptom is more familiar to, and likewise less dangerous in youth, than it is in infants, adults, and old persons.

§ CXIV. IF, during the course of an acute fever, that is accompanied with the most dangerous symptoms, we observe, that the thumb of either hand, is from time to time, affected with sudden and convulsive motions; or, if we observe similar spasms in the wrists, or in some part of the face, or, as it sometimes happens, in the muscles, which move the head upon the neck: such a symptom announces a speedy and certain death.

§ CXV. WE sometimes see, (especially in the comatose affections of infants) similar convulsive motions in the globe of the eye.

§ CXVI. THIS last symptom is equally fatal, when it comes on at the close of any disease, whether acute or chronic. Altho' it is always very alarming, yet there is not so much to be feared from it, when it appears at the beginning of an acute fever, or of the small pox, during the lethargic state that usually follows the convulsive affection, which is commonly a forerunner of the eruption in this latter disease; we know it to be a frequent symptom in young subjects.

§ CXVII. THE epileptic convulsions which come on at the close of an Acute Disease, are fatal, and as well to children as to adults. *Hip.* 107, 108, 109, 110. These convulsions are sometimes preceded by a sensation of tension in the muscles of the neck, and by a pain, unaccompanied by tumour or redness, in the throat.

Hip.

Hip. 112, 113, 114. (* 13.) Those which come on at the end of a chronic disease, are equally baneful to patients of every age. (* 14.)

§ CXVIII. ALTHOUGH convulsions of this sort, are always alarming, they are, however, much less dangerous, when they appear at the beginning of an acute fever.

§ CXIX. SETTING apart the cases just now mentioned (§ CXVII), we may observe, that these convulsions are more frequent in children under seven years of age, than in older subjects. *Hip.* 103.

§ CXX. AN epileptic patient may, in the course of an acute fever, have one or more attacks of epilepsy, which as they are the effects of a chronic and habitual complaint, cannot sensibly interfere with the Prognostic in an Acute Disease.

§ CXXI. WOMEN, and especially such as are delicate, vapourish, and hysterical,
are,

are, in general, more easily susceptible of convulsive affection, than other subjects, and usually with less danger.

§ CXXII. CONVULSIONS, occasioned by enormous hemorrhage, or purging, or by pain, announce the most imminent danger. *Hip.* 116, 117, 118, 119, 120.

§ CXXIII. WHEN a patient is persecuted with excessive and long continued pain, it is to be feared, lest he be attacked with epileptic convulsions, and even apoplexy. *Hip.* 98. (* 15.)

§ CXXIV. If, hiccup comes on during the course of an acute fever, we ought particularly to consider what were the symptoms which preceded and accompanied it, and by what causes it seems to be excited.

§ CXXV. WHEN hiccup is accompanied by no other alarming symptom, it is often merely the effect of bilious, acid, or other humours, or worms, irritating
the

the stomach; and in such cases, a vomiting, or copious stools, will remove the complaint. Sometimes a draught of diluting liquor is sufficient to carry it off.

§ CXXVI. IF the other symptoms denote the hiccup to depend on the inflammation of any abdominal viscus, it is fatal. It likewise affords a very unfavourable Prognostic in Iliac passion, strangulated Hernia, and Dysentery.

§ CXXVII. THE hiccup which comes on at the close of an acute fever, preceded and accompanied by other most dangerous symptoms, the patient being at the same time in a debilitated state, is mortal.

§ CXXVIII. THE same may be said of that which follows profuse hemorrhage. *Hip.* 118.

§ CXXIX. HICCUP coming on in an acute fever, after a symptomatic vomiting

ing of greenish or atrabilious matter; announces death to be at hand. *Hip.* 101.

§ CXXX. TETANOS is very reasonably considered as one of those diseases, which are the most acute in their progress, and the most generally fatal in their event. *Hip.* 123.

§ CXXXI. WHEN a wounded patient feels a painful tension in the muscles of his neck, or is unable to open his mouth, these symptoms announce tetanos, and of course, the great danger there is of speedy death. *Hip.* 114.

§ CXXXII. I HAVE before spoken (§ XCII. CI.) of the Prognostic to be derived from the grinding of the teeth.

§ CXXXIII. DEAFNESS is a symptom that is particularly observed in malignant fevers.

§ CXXXIV.

§ CXXXIV. COMING on at the beginning of an acute fever, it may help to characterize it. It will be found, however, to be in general, the forerunner of phrenitic delirium, and of the most grievous symptoms.

§ CXXXV. THE deafness, which comes on at the close of an Acute Disease, is fatal, if it is symptomatic. But more commonly, at this period of the disease, it is critical. In this latter case, as it increases, the patient appears to be more and more relieved.

§ CXXXVI. THIS deafness usually goes off by degrees, in the convalescent state. Sometimes, however, it resists every remedy, and the patient remains deaf.

§ CXXXVII. MALIGNANT fevers likewise terminate, sometimes by Gutta serena, or by loss of memory, or by imbecility. These affections, like the former one, commonly (tho' not always) disappear as the patient recovers.

§ CXXXVIII. BLINDNESS, coming on at the close of an acute fever, (the other fatal signs continuing,) is usually a sign of death.

§ CXXXIX. IN infants, this symptom (§ cxxxviii.) is easily known, even in cases of lethargic, apoplectic affection, by an excessive dilatation of the pupil.

§ CXL. IF, on approaching a candle to the eye of a child, so affected, we observe no contraction of the pupil, we may conclude that the eye has totally lost its sensibility.

§ CXLI. THIS symptom is often complicated with a convulsive motion of the globe of the eye.

§ CXLII. SUCH signs (§ cxl, cxli.) as these, announce a speedy death. There is one case, however, in which they are not so constantly fatal; and that is, when they take place in the comatose state, which sometimes follows the epileptic convulsions

sions at the beginning of an acute fever, and particular, of the small pox.

§ CXLIII. PALSY of the tongue, hemiplegia, or cross palsy, (*Paralyse croisee*) (* 16.) coming on during the course of a malignant fever, and being purely symptomatical, announce the greatest danger.



S E C T I O N II.

Of the evacuations, depositions, and eruptions observed in Acute Diseases; and of the Prognostic to be derived from them.

§ CXLIV. **T**O treat Acute Diseases in a suitable manner, and to be enabled to form a Prognostic in such cases, the physician must necessarily be acquainted with every thing that relates to their spontaneous solution.

§ CXLV. To prepare and bring about such or such an evacuation, or deposition, or eruption, are the means which
we

we every day see nature exerting herself to effect, in the cure of diseases.

§ CXLVI. THESE spontaneous solutions of Acute Diseases, are observed both in those patients who are left wholly to nature, and in those who are placed under the care of physicians.

§ CXLVII. THE mode of treatment may, as we shall hereafter observe, (§ CCCLXXXIII & seq.) have some influence on these spontaneous solutions, so as to render them more or less frequent, according to the remedies that are employed.

§ CXLVIII. WHEN a spontaneous solution is performed quickly, it is called *crisis*; when it takes place gradually and by degrees, it retains the name of *solution*.

§ CXLIX. THE adjective, *critical*; when employed to characterize an evacuation, or eruption, or deposition, implies

plies it to be salutary, and contributing to the happy termination of the disease. The adjective, *symptomatic*, is employed in a different sense, and being added to an evacuation, &c. constantly means, that it contributes neither to cure nor even to mitigate the disease.

§ CL. AN Acute Disease is said to have attained a state of coction, when it presents the signs which evince the disposition of nature, to bring about the salutary evacuation which is to terminate the disease. (See § CLXVIII, CXC, CCLXXIX, CCLXXXII, CCLXXXIV.)

§ CLI. THESE preliminary ideas will be sufficient for the understanding of what is to follow. This important matter, will be more fully treated, and with greater propriety, when we have pointed out the favourable, or unfavourable signs, that may be derived from carefully attending to evacuations and depositions, and eruptions, according to their various qualities,

qualities, and the different circumstances that accompany them.

§ CLII. A DISRELISH for all solid and liquid food ; languor and nausea at the stomach ; general weakness ; pain and heaviness at the fore part of the head ; vertigo ; cardialgia ; trembling of the lips ; and salivation ; these are the usual forerunners of vomiting.

§ CLIII. IF, at the beginning, or during the course of an Acute Disease, the patient vomits up a bilious, mucous matter, and feels himself relieved by it : such a vomiting is a good omen, and contributes to moderate the disease.

§ CLIV. WHEN a vomiting is incessantly tormenting the patient, without affording him any relief ; we may conclude it to be symptomatic. It marks the violence, and, very often, the danger of the disease.

§ CLV.

§ CLV. THE relief which does, or does not, follow, is in vomiting, as in every other evacuation, eruption, &c. in the course of a fever, the most certain mark by which we can determine the good or unfavourable Prognostic that is to be drawn from it.

§ CLVI. THIS truth (§ CLV.) is equally applicable to the vomiting, we excite by an emetic.

§ CLVII. A CRITICAL vomiting is announced by the signs (§ CLII.) we lately mentioned, combined with the signs of coction. (§ CLXVIII, CXC, CCLXXIX, CCLXXXII, CCLXXXIV.)

§ CLVIII. IT is, by no means, usual to see an acute fever terminate by vomiting.

§ CLIX. WHEN at the onset of an acute fever, the patient is tormented by an obstinate, laborious, and symptomatic vomiting; we have reason to expect a
grievous

grievous and dangerous disease. The small pox, however, is an exception to this observation. The degree of danger in that disease, not seeming to depend on the obstinate or laborious vomiting that accompanies it in the beginning.

§ CLX. If, during the course of an acute fever, the patient is tormented with frequent nausea, and without effect, the symptom announces danger. *Hip.* 134.

§ CLXI. EVERY symptomatic vomiting announces danger; but if the patient vomits pure bile, of a deep yellow colour, the Prognostic will be still more unfavourable. *Hip.* 135.

§ CLXII. THERE is even more danger when the patient vomits a green coloured bile. *Hip.* 131.

§ CLXIII. A vomiting of atrabilis in Acute Diseases, announces a speedy death. (* 17.) *Hip.* 131, 132.

§ CLXIV. THE Prognostics we have just now described, (§ CLXI, & seq.) are equally applicable to acute fevers, that are the consequence of wounds. *Hip.* 133.

§ CLXV. THE vomiting of black blood, whether it be liquid or grumous, altho' it be accompanied with a bad pulse, and signs of the greatest debility, does not, however, in acute fevers, afford so unfavourable a Prognostic, as the vomiting of atrabilis. (§ CLXI.)

§ CLXVI. IF the humours voided by vomiting, deposit a minced matter, a kind of grounds *: we may be assured that the Iliac vomiting, as well acute as chronic, has taken place, and this is constantly accompanied with great danger. (* 18.)

§ CLXVII. THE stools, do in the course of an Acute Disease, afford signs

* The Author's expression, is, "*Si les humeurs rendues par le vomissement, déposent une matiere bachee, une espece de marc.*"

which

which are of importance to be known, because they contribute much to the forming a just Prognostic. The young physician cannot be too early in getting rid of that embarrassment which he may feel in asking to inspect these evacuations. The good of humanity is the object of medical science, and gives dignity to things, which, in vulgar eyes seem abject and contemptible.

§ CLVIII. It is of advantage in Acute Diseases, when the stools are like the natural ones, in their consistence and other qualities. *Hip.* 137. If, from being liquid, they become of a firmer consistence, the change is a favourable one. It is a sign of coction that announces the tendency of the disease towards a cure. *Hip.* 140.

§ CLXIX. BORBORYGMATA, elevation of the abdomen, sensation of weight about the loins, a soft, unequal, and sometimes an intermitting pulse, are the signs which usually precede diarrhoea, and this, if

preceded by the signs of coction, we may hope will be critical.

§ CLXX. If a diarrhoea comes on in the early days of an acute fever, which began its attack with the usual forerunners of a dangerous disease, (§ CCXCIV.) it would be to prove our inexperience, to suppose, that at such a period of the disease, this flux can be critical. In truth, it concurs with the other symptoms, to denote, on the contrary, that the disease will be more grievous and dangerous. *Hip.* 148.

§ CLXXI. This flux to be critical, must be copious.

§ CLXXII. THE stools in a critical diarrhoea, are usually of a yellowish complexion, approaching, more or less, to a brown colour. *Hip.* 140, 141.

§ CLXXIII. THE improved practice of the moderns, seems by a well-timed use of laxative medicines, to render this
kind

kind of crisis less frequent than it was with the ancients.

§ CLXXIV. THE diarrhoea that comes on in an acute fever, is often of use, tho' it is not perfectly critical. The quality (§ CLXXII.) of the stools, but above all, the relief the patient feels from them, will render the Prognostic, more or less, favourable.

§ CLXXV. WHEN the diarrhoea is purely symptomatic, it is to be arranged amongst the unfavourable signs.

§ CLXXVI. THE ferous, copious and symptomatic diarrhoea, is familiar to malignant fevers, and announces danger.

§ CLXXVII. THE danger of this kind of diarrhoea, is in proportion as the patient is weakened, by the copiousness and frequency of the evacuations.

§ CLXXVIII. SUCH a diarrhoea happening to a woman after delivery, is very alarming;

alarming ; especially if it comes on during the first days of her lying-in.

§ CLXXIX. WHEN the stools are of the colour of white clay, we may suspect worms.

§ CLXXX. If the patient voids worms, it is better for them to come away dead, and at the close of the disease, when the symptoms seem to be on the decline, than alive, and at the beginning of the fever.

§ CLXXXI. LIQUID, symptomatic stools, resembling the yellow of an egg, in colour, announce danger. If the stools are liquid, and of a green colour, they are still more dangerous.

§ CLXXXII. ATRABILIOUS stools, or in other words, liquid, dark coloured, livid, or black evacuations, announce the approach of death, as do those which have a cadaverous smell.

§ CLXXXIII

§ CLXXXIII. STOOLS of black, clotted blood, are sometimes the natural consequence of a violent hemorrhage at the nose, when the patient has swallowed much of the blood.

§ CLXXXIV. SIMILAR stools are likewise to be expected when the patient has vomited up much blood.

§ CLXXXV. DARK coloured bloody stools, whether they be liquid or in clots, sometimes take place, likewise, in acute fevers, without any previous hemorrhage at the nose, or vomiting of blood.

§ CLXXXVI. NOTWITHSTANDING the extreme weakness of the pulse, and of the system in general; and notwithstanding the great change in the patient's physiognomy, (§ xxv.) which usually accompany these stools, they are not, however, by any means so dangerous, as those which abound with atrabilis. The patient even escapes, in general, if he is well treated, and they seem, on certain occasions,

occasions, to be in some measure critical.
(* 19.)

§ CLXXXVII. DYSENTERIC stools appearing in the course of an acute fever, are to be considered as of a salutary or unfavourable tendency, according as they relieve the patient, or are merely symptomatic.

§ CLXXXVIII. WHEN a suppressed diarrhoea is followed by tumefaction of the abdomen, and by increased weakness and nausea; we may be assured that the state of the patient requires a return of the flux.

§ CLXXXIX. THIS same observation is equally applicable to the diarrhoea, we may have occasion to notice in chronic disorders. *Hip.* 154.

§ CXC. IT is of use in Acute Diseases, for the urine to afford signs of coction, that is, that it be natural as to colour and consistence. It is a good sign when the
urine

urine, gradually arrives at, and remains in this state of coction, as we may then hope, that the disease will be soon, and happily terminated. *Hip.* 156, & seq.

§ CXCI. WE cannot depend on the coction of the urine in the beginning of a fever, unless it affords all the signs of an Ephemera.

§ CXCII. NOR can we derive a favourable Prognostic from urine, which alternately affords marks of coction, and crudity. This variation in the state of the urine, may lead us to conclude, that the disease is not near its termination.

§ CXCI. WE sometimes observe, in the course of malignant fevers, and even sometimes in other cases, a little before death, that in the midst of the most grievous symptoms, the patient voids urine that is perfectly natural.

§ CXCIV. THE physician should, therefore, be informed of these exceptions.

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(§ CXCI,

(§ CXCI, CXCII, CXCIH.) They afford us this reflection, that he who founds his Prognostic, wholly on the state of the urine, will be liable to be deceived. We are not to conclude, however, on this account, that the inspection of the urine, is altogether useless, on these occasions.

§ CXCV. THE urine, which, from being transparent, when first voided, becomes at length turbid, and deposits a thick, white, uniform sediment, announces the solution of the disease, and is truly critical.

§ CXCVI. THIS kind of spontaneous solution of Acute Diseases, is usually affected without difficulty. It is not accompanied with any alarming symptom, nor does it merit the name of crisis, if we take that word in its exact sense. (§ CCCLV.)

§ CXCVII.

§ CXC VII. THE sediment (§ cxcv.) is, in general, slightly tinged with red.

§ CXC VIII. CLEAR, and colourless urine, leads to suspect that the disorder is not likely to terminate soon.

§ CXC IX. URINE of this sort, is still more unfavourable, if it happens in children, whose urine is, when in health, usually less limpid than that of adults, and especially of delicate and hysterical women.

§ CC. TURBID urine, that affords no sediment, is likewise an unfavourable symptom.

§ CCI. THE same thing may be said of ardent urine, which is the more alarming, in proportion as it is of a higher red colour, and in smaller quantity.

§ CCII. ARDENT urine, that is of a dark brown, or black colour, whether it affords

a sediment, or not, is an unfavourable sign.

§ CCIII. GALEN, Duretus, and many other authors, assure us, that urine of this sort, is much less unfavourable in women, whose lochia, or catamenia are suppressed.

§ CCIV. EVERY change in those qualities of the urine, (§ cxcviii. & seq.) towards the period of coction (§ cxc.) is of use: on the other hand it is an unfavourable sign, when the urine, from being crude, becomes clear, or turbid, like mare's urine (*Fumenteuſe*), ardent, &c.

§ CCV. WE are to be careful not to confound the farinaceous, branny sediment, with the critical deposition (§ cxcv. cxcvii.) The former being an unfavourable sign.

§ CCVI. IN malignant fevers, and other Acute Diseases, that partake of their nature,

nature, a pissing of blood, is a dangerous symptom.

§ CCVII. EXPERIENCE proves, that the retention of urine, which happens in an Acute Disease, is not so dangerous a symptom, as one would be tempted to suppose from bare reasoning.

§ CCVIII. IT proves even more than this; we know that such a retention, sometimes, tho' rarely, serves as a compleat crisis in such diseases. (* 20.)

§ CCIX. IF, during the course of an Acute Disease, there comes on a copious, general, and reeking sweat, by which the patient feels himself relieved; it may be considered as useful, and as affording a good sign. It mitigates, and often, being entirely critical, terminates the disease. *Hip.* 171, 172, 177.

§ CCX. A SPEEDY, and complete crisis by sweat, is often *immediately* preceded by
by

by that kind of shivering, called *rigor*.
Hip. 178. (* 21.)

§ CCXI. THE moisture, and suppleness of the skin, joined to a soft, yielding, open, and undulating pulse, and the other signs of coction, give us room to expect a sweat of some kind, which will either simply mitigate the disease, or be critical and decisive.

§ CCXII. MUCH of the Prognostic here, will depend on the particular temperament of the patient. If his former diseases have usually terminated by sweat, we may, with more certainty, expect it in this.

§ CCXIII. THE sweat, which terminates the paroxysms of an intermitting fever, or the exacerbations of a continued fever, simply announces the end of the fit, but without operating on the Prognostic.

§ CCXIV.

§ CCXIV. THE sweat may be useful even in the first day, in an ephemera, or in catarrh; but we are not to consider it as critical, in the first days of an acute, or malignant fever.

§ CCXV. A PURELY symptomatic sweat, is to be considered as an unfavourable sign. *Hip.* 173.

§ CCXVI. THE sweat, which appears only on the forehead, the face, or the neck, while the rest of the body continues dry, is to be considered as symptomatic. It announces, in Acute Diseases, a degree of danger, which can be determined only by considering the other symptoms of the disease.

§ CCXVII. COLD sweats, either partial or general ones, (§ CCXVI.) when preceded and accompanied by other of the most alarming symptoms, announce a speedy death. *Hip.* 174, 175, 176, 179.

§ CCXVIII.

§ CCXVIII. EVERY body knows that parts of the body exposed to the air, while sweating, easily become cold; we ought, therefore, to learn to distinguish the coldness of these sweats, from those fatal ones which precede death, and which are always accompanied by other signs of danger. For want of attention to this, the inexperienced physician will be liable to fall into the most absurd error in his Prognostic.

§ CCXIX. THE sweat, altho' it be warm, and general, and copious, is sometimes, not less certainly the sign of death. When this is the case, however, it is accompanied by excessive weakness, the *facies hippocratica*, anxiety, and in a word, with the most dangerous symptoms. This kind of sweat, is sometimes of a viscid consistence.

§ CCXX. ACUTE Diseases, are sometimes terminated by an hemorrhage from the nose. *Hip.* 127.

§ CCXXI.

§ CCXXI. THIS kind of crisis, is peculiar to patients who are between the ages of fourteen and five and thirty years.
Hip. 180.

§ CCXXII. THE practice of the moderns seems to render critical hemorrhages from the nose, less frequent than they were with the ancients.

§ CCXXIII. THE youth of the patient, his particular disposition to bleeding at the nose, a rebounding pulse, flushing of the face, heaviness, tinnitus aurium, and itching at the nostrils, are the principal circumstances, which, when combined with the signs of coction, (§ CLXVIII, CXC, CCLXXIX, CCLXXXI, CCLXXXIV.) give us reason to expect that the disease will soon be determined by a crisis of this kind.
Hip. 180, 181, 182.

§ CCXXIV. IF the face is remarkably more florid on one side than on the other, we may presume that the blood will flow from the nostril on that side.

§ CCXXV. THIS kind of crisis is often preceded by obstinate watchfulness, redness of the eyes, phrenitic delirium, violent pains of the head, and other alarming symptoms.

§ CCXXVI. THE hemorrhage from the nose, which procures no relief, is a most dangerous symptom. *Hip.* 184.

§ CCXXVII. IF it happens in the course of an Acute Disease, that the patient voids only a few drops of blood from the nose; such an hemorrhage cannot be critical. It must be arranged amongst the dangerous symptoms, especially in subjects of a riper or advanced age. *Hip.* 183.

§ CCXXVIII. IN young persons, if this symptom is accompanied, or followed by the signs we before mentioned, (§ CCXXIII.) it concurs with them in announcing a critical hemorrhage.

§ CCXXIX. IN female patients, a copious, and premature discharge of the catamenia,

catamenia, sometimes supplies the place of hemorrhage from the nose, by quickly terminating Acute Diseases.

§ CCXXX. If the period of menstruation happens, during the course of an acute fever, it is useful for it to take place in due order, and in the usual quantity.

§ CCXXXI. A loss of blood that is merely symptomatic, affords only an unfavourable sign.

§ CCXXXII. Pissing of blood, and copious hemophthisis, happen rarely but in malignant fevers, and particularly in the worst kind of small pox. These hemorrhages, usually announce death.

§ CCXXXIII. SWELLINGS of the parotid glands, are equally observed in pestilential and malignant fevers. Buboes in the groin, or axilla, or neck, belong more particularly to pestilential fevers. *Hip.* 186, 188.

§ CCXXXIV. A BUBO is of use, when its appearance sensibly relieves the patient. It is critical, when it causes the fever, and all the other formidable symptoms that attended it to cease. *Hip.* 187. In either of these cases, a speedy suppuration is to be wished for. *Hip.* 191.

§ CCXXXV. WHAT we have said of the bubo, may be equally applied to swellings of the parotid glands.

§ CCXXXVI. THE sudden disappearance of either of these, is followed by death, unless they are speedily replaced by some similar tumour, or by a critical evacuation. *Hip.* 186, 192.

§ CCXXXVII. THE gradual resolution of these tumours, is not attended with the same danger.

§ CCXXXVIII. SYMPTOMATIC buboes, or swellings of the parotid glands, announce a speedy death. *Hip.* 187.

§ CCXXXIX.

§ CCXXXIX. IN time of the plague, the bubo which appears in a man, who is in other respects healthy, is to be considered as a preservative ; it proves that this man having been affected, nature has happily deposited the pestilential virus in this tumour, without giving time, as it were, to the disease to unfold itself.

§ CCXL. THE carbuncle is a frequent symptom in pestilential fevers. We sometimes observe it, likewise in the malignant fevers of Lower Languedoc, Provence, &c.

§ CCXLI. WHEN the eruption of a carbuncle occasions the cessation of the fever, and of the formidable symptoms that accompanied it ; and when the gangrene which characterizes this tumour, soon stops, the carbuncle may be considered as critical, and likely to terminate disease.

§ CCXLII.

§ CCXLII. BUT if nature does not stop the progress of the gangrene; and if suitable remedies are ineffectually employed this purpose: if the fever continues, and the pulse becomes more and more frequent, small, soft, and weak; the carbuncle is then to be considered as purely symptomatical, and can afford only the most dangerous Prognostic.

§ CCXLIII. BLACK livid eruptions, are to be arranged amongst the most pernicious symptoms in the small pox, and eruptive fevers.

§ CCXLIV. WHEN, during the course of an acute fever, the integuments of the posteriors, become gangrenous; we may be assured of the violence and danger of the disease.

§ CCXLV. THE Prognostic will be still more unfavourable, if the tendency to mortification appears every day to advance more rapidly.

§ CCXLVI.

§ CCXLVI. BUT, if a laudable suppuration takes place, and a separation of the sound, from the mortified parts, we may judge favourably of the event.

§ CCXLVII. VIOLENT pains in the legs and feet ; and the eruption of *vibices*, or spots, resembling the marks of stripes; together with a dark, livid complexion of those parts, are amongst the signs of approaching death.

§ CCXLVIII. IT sometimes happens, however, that these symptoms are the effect of a salutary and critical gangrene: this may be discovered, by observing the symptoms of the disease disappear, in proportion as the gangrene becomes established. *Hip.* 206.

§ CCXLIX. ACUTE fevers, which run out to a great length, without affording any alarming signs, as usually terminate by some inflammatory deposition or abscess. *Hip.* 193, 194, 195.

§ CCL.

§ CCL. IF an acute fever changes its character, and terminating in a slow fever, excites cough, oppression, fixed pain in some part of the breast; and an inability of sleeping but on one side, without adding to all these symptoms; these signs give room to suspect, that the acute fever is terminated by a deposition on the lungs. (§ CCCCLXXIV, & seq.)

§ CCLI. IT is well for the patient's countenance to become extenuated, in proportion to the violence, and length of the disease; but if, during the six or eight first days of an acute fever, his face appears to be unchanged, or even to become fuller than it was in health; we may consider this as a symptom peculiar to malignant fevers. *Hip.* 198.

§ CCLII. THE swelling of the face at the close of an acute fever, is usually salutary and critical. This sort of crisis is peculiar to malignant fevers.

§ CCLIII.

§ CCLIII. IF, in the course of an acute fever, the patient is attacked with erysipelas, either on the face or legs, such an eruption is usually of use, and sometimes is completely critical.

§ CCLIV. BUT if the erysipelas affords no relief, it is to be considered as symptomatical only, and of course, as an unfavourable sign.

§ CCLV. THE sort of eruptive fever, which, from its principal symptom, has been named erysipelas of the face, is in general, free from danger.

§ CCLVI. IF, at the beginning of such a fever, we find the patient extremely languid, and complaining of frequent nausea, and faintness, with a quick, small, soft, weak, irregular pulse; these symptoms ought not to alarm us. The marks of beginning erysipelas, which we observe on some part of the face, and usually first about the nose, give us reason, not to fear much from these symptoms.

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Vomiting,

Vomiting, and the complete eruption of the erysipelas usually terminate them.

§ CCLVII. IF, when the erysipelas is complete, the fever ceases, the disorder is short, and occasions but little inconvenience.

§ CCLVIII. BUT if the fever continues after the eruption, the disease will be longer, and more troublesome.

§ CCLIX. IF the acute fever, which accompanies erysipelas of the face, affords during its course, the symptoms of a malignant fever, the disease is then truly dangerous. These cases, however, are rare.

§ CCLX. THE metastasis, or transposition of gouty, inflammatory, erysipelatous, or purulent humours, are favourable, whenever they pass from within, outwards; and are on the other hand alarming, and dangerous, whenever they take a contrary direction. *Hip.* 199, & seq.

§ CCLXI.

§ CCLXI. IF retrocedent gout produces apoplexy, angina, or inflammation of the breast or lower belly; a speedy death is usually the result, unless we can succeed in calling back the gout to the feet.

§ CCLXII. IN the rheumatism, the disease sometimes affects the lungs, and excites cough, dyspnoea, and hemoptysis; but with much less dangerous symptoms than are produced by retrocedent gout.
(* 22.)

§ CCLXIII. IF, at the beginning of an acute fever, the pains in the thighs and legs, suddenly cease, and are succeeded by phrenitic delirium, and pain in the side; we have every thing to fear from so unfavourable a change. *Hip.* 200.

§ CCLXIV. IF, from an error of nature, or the rash and improper application of repellent medicines, erysipelas of the face, suddenly disappears, and is

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succeeded

succeeded by delirium, and lethargy ; we may suspect the greatest danger.

§ CCLXV. WHEN the copious suppuration of a wound is suddenly stopped ; we have to fear lest the pus, being absorbed, and carried into the circulation, deposit itself on some of the viscera, and occasion the death of the patient.

§ CCLXVI. NATURE, sometimes, puts an end to acute fevers, by throwing out innumerable apthæ, and by a copious salivation.

§ CCLXVII. PETECHIAL fevers, which are often produced by the infected air of ships, and prisons, and hospitals, usually afford the symptoms that are common in malignant fevers ; we are, therefore, carefully to appreciate these symptoms, because it is on these we are to found our Prognostic, and not on the eruption which is peculiar to them, and which appears to be in no way critical.
(* 23.)

§ CCLXVIII.

§ CCLXVIII. THE eruption of purple spots, is observed in pestilential and malignant fevers, and in some kinds of small pox. (* 24.) (§ DLXXX, & seq.)

§ CCLXIX. THESE spots appear on every part of the body, except the face. When they are few in number, they appear chiefly on the neck, and forepart of the breast.

§ CCLXX. THIS eruption is a most unfavourable omen. The more numerous, and large, and deep coloured the spots are, the more certain is death.

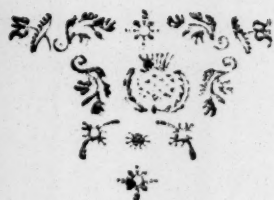
§ CCLXXI. LIVID, violet spots, if any such appear in the course of a malignant fever, announce a speedy, and certain death. *Hip.* 204.

§ CCLXXII. THE *vibices* we have before mentioned, likewise afford a similar Prognostic. It often happens that these and livid spots, do not appear until the
agony

agony of death, or after the patient is dead.

§ CCLXXIII. THERE is another kind of eruption, a redness of the skin, which, sometimes, tho' rarely, occurs in continued fevers, but without being alarming.

§ CCLXXIV. THIS sort of eruption, which the French call *porcelaine*, is merely the effect of indigestion, and is soon dissipated. (* 25.)



SECTION

S E C T I O N III.

§ CCLXXV. **W**HEN the patient's tongue, at the beginning of a fever is covered with a thick, whitish crust, more or less inclining to a yellowish colour; we may suspect that the disease will be an acute, continued fever, either mild or dangerous. We very seldom observe this appearance of the tongue in the ephemera, or in catarrhal, or even intermitting fevers.

§ CCLXXVI. So long as this crust continues to become thicker, and dryer,
and

and of a deeper colour; we may conclude, that the disease still goes on augmenting.

§ CCLXXVII. It is only in the most dangerous acute fevers, that this crust is found to assume a red, brown, or dark colour, and then the tongue becomes dry, and rough to the touch, and the foreteeth are covered with a dry blackish crust.

§ CCLXXVIII. But, when we observe that the edge of the tongue begins to moisten, and that this crust gradually diminishes, while the mouth becomes humid, and the gums resume their natural vermilion; we may conclude these to be favourable signs. They prove that the saliva is duly secreted, that the transpiration is restored to the whole inside of the mouth, and that the disorder has attained a state of coction.

§ CCLXXIX. It is likewise a favourable sign, when the eyes of the patient,
from

from being dull and obscure, resume their natural clearness. And when his countenance, from being weak and languishing, becomes firm, and penetrating. All this will lead us to hope that the disease will soon happily terminate. *Hip.* 216.

§ CCLXXX. If the patient breathes with his mouth open, we cannot form any opinion from the dryness of his tongue.

§ CCLXXXI. If his little effort to put out his tongue to the physician, is sufficient to excite a tremor in it; we may argue a weakness which belongs only to the most dangerous malignant fevers.

§ CCLXXXII. If the passage of the nostrils, after having been closed during the course of the disease, becomes moistened, so that the patient is able to breathe, with ease, through the nose, this sign concurs with the other signs, (§ CCLXXVIII, CCLXXIX.) to denote the
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state of coction, and to announce, that the favourable termination of the disease is at hand.

§ CCLXXXIII. DRYNESS, and asperity of the skin, are to be considered as unfavourable signs, nor so long as they continue, can we suppose the disease to be near its end.

§ CCLXXXIV. BUT, if the skin, from being dry and rough, becomes soft and moist as in its natural state, this will be a good sign, and will argue, that the disease is about to terminate.

§ CCLXXXV. THE signs of coction (§ CLXVIII, CXC, CCLXXVIII, CCLXXIX, CCLXXXII, CCLXXXIV.) give us room to expect speedy and a favourable termination of the disease.

§ CCLXXXVI. WHENEVER an evacuation, or an eruption, or a deposition of matter, seem salutary by their qualities, and above all by the remarkable diminution

nution of the symptoms, we may expect a cure.

§ CCLXXXVII. THE relief which is the effect neither of a salutary eruption, nor deposition, nor evacuation, is faithless, and we are not to flatter ourselves that it will be lasting. *Hip.* 219.

§ CCLXXXVIII. INTERMITTING fevers, and remittent fevers, which, from the redoubling, or the lengthening out of their paroxysms, assume the type of continued fevers, are an exception to this rule. (§ CCLXXXVII.) The bark, often happily puts a stop to both these without any evacuation.

§ CCLXXXIX. THESE evacuations, depositions, and eruptions, when purely symptomatic, are to be considered as unfavourable signs. *Hip.* 217, 218.

§ CCXC. WHEN we attempt to irritate or assist nature in Acute Diseases, by venæsection, emetics, cathartics, leeches,

es, sinapisms, vesicatories, &c. it is well if these means produce the wished for relief. If they do not, nor in any way mitigate the symptoms, it is an unfavourable sign.

§ CCXCI. IF, the patient, at the beginning of an acute fever, complains of violent pains in the back and loins; we may expect that the disease will be a dangerous one. *Hip.* 223.

§ CCXCII. ACUTE pains in the legs and thighs, give room for the same Prognostic. *Hip.* 225.

§ CCXCIII. IF these pains suddenly cease, and are succeeded by pain in the side, or inflammation in any of the viscera, or delirium, the change is commonly fatal. *Hip. ibid.*

§ CCXCIV. NAUSEA, difficult and obstinate vomiting, (§ CLIX.) with cardialgia and anxiety; serous, or bilious diarrhoea, that is altogether symptomatic;
(§ CXLV.)

(§ CXLV.) together, with a constantly small, soft, weak, quick, and often unequal pulse (§ II.); joined to prostration of strength, (§ XXIII.) and pains, (§ CCXCI, CCXCII.) are the principal symptoms, which, at the beginning of an acute fever, will give us reason to expect that it will be a dangerous one. Pestilential and malignant fevers, usually begin in this way.

§ CCXCV. DEAFNESS, at the beginning of an acute fever, if added to a swelling of the face, (§ CCLI.) contributes to the certainty of such a Prognostic.

§ CCXCVI. A PHYSICIAN, who in the first days of an acute fever, is interrogated concerning its character, should reply with prudence and circumspection, until its true nature is clearly developed. Experience will teach him, how necessary this reserve is. They who deviate from it are frequently obliged to acknowledge themselves to have been deceived; or what is still worse, are led, perhaps,
to

to defend their errors, and to excuse them, by means, which are repugnant both to candour and truth.

§ CCXCVII. WHEN an acute fever runs on to the seventh or eighth day, without affording any of the symptoms which characterize dangerous fevers; we may be assured that the patient will be in no danger.

§ CCXCVIII. IN the course of an acute fever, it is often of importance to be able to foresee nearly how long it will last.

§ CCXCIX. THIS anticipated knowledge of the duration of an acute fever, will be derived in the first place from its species. We know that the cholera morbus terminates within twenty-four, or thirty-six hours, and sometimes in less time: that in the plague, it is not uncommon to see patients die within a few hours from the attack, while in others, this cruel disease runs out several days: that towards the decline of the epidemic, the
disease

disease is usually mitigated, and its progress becomes less rapid: that in other epidemical fevers, there is great variety in their duration: that continued fevers, and inflammatory sporadic fevers, usually terminate within fourteen, or twenty days, and sometimes sooner, when they destroy the patient: that the acute rheumatism, rarely terminates before the thirtieth day, that it sometimes continues even to the sixth and seventh week: that the kind of continued fever, I have described in another work*, under the name of the malignant fever, peculiar to young people, (*fièvre maligne des Jeunes gens*), runs out to the fiftieth, and even sixtieth day, when it terminates happily: that the apoplexy is often instantaneously mortal, sometimes within a few hours, a day, or thirty-six hours; and that, if a fever follows the attack, it becomes a true comatose remittent fever; this secondary disease, usually continues four-

* Mémoires sur les fièvres aiguës.

teen or twenty days; that the mild and discreet small pox, usually terminate within ten or eleven days; while the confluent and malignant run out, even to the seventeenth and twentieth day, when they end well.

§ CCC. THE more the progress of an acute fever is rapid, and the sooner, and more rapidly the symptoms, of danger begin to appear, the more reason we have to expect that it will soon terminate either in death or a cure.

§ CCCI. THE vulgar adage. "*That which is violent, does not last long,*" is pretty generally true in fevers.

§ CCCII. WHEN the fever is uniformly violent, the pulse very quick, strong, and elevated, joined to much thirst, and inquietude, and to a burning heat of the skin; we may reasonably conclude, that the disease will be of short duration, or at least, that it will not continue long in this state.

§ CCCIII.

§ CCCIII. BUT, if during the first eight or ten days of an acute fever, which attacks a patient in the flower of his age, we observe, that this disease makes not any sensible progress, altho' the strength of the patient is beat down, and his pulse is quick, small, weak, and soft, with little heat of the body; we may presume, that the disease will be of that kind of malignant fever, which is very slow in its progress, and runs out to the fortieth, and even beyond the fiftieth day, when it terminates in health.

§ CCCIV. IN visiting the first patient, the physician soon becomes acquainted with the character and progress, and duration of an epidemic fever.

§ CCCV. PESTILENTIAL and malignant fevers, as well epidemic as sporadic, are fatal in proportion to the rapidity of their progress.

§ CCCVI. INTERMITTING fevers are, in general, tho' not always, free from danger.

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§ CCCVII.

§ CCCVII. WE should be particularly suspicious of those which are accompanied with coma or syncope. It is observable, however, at the same time, that by means of the Bark, the powers of medicine are more efficacious and decisive in these, than in continued fevers.

§ CCCVIII. IN remitting fevers, the Prognostic is to be derived from the symptoms that arise during the exacerbation.

§ CCCIX. IF, therefore, the physician neglects to visit his patient at that time, he exposes himself to errors in his Prognostic, which may be injurious to his reputation, and fatal to his patient.

§ CCCX. IT is a good sign, when the exacerbation is attended only by a simple increase of fever, and its usual concomitants; such as pain of the head, anxiety, heat, thirst, little sleep, and frequent respiration.

§ CCCXI.

§ CCCXI. IF the exacerbation brings with it a slight delirium, oppression, and cough; or tumefaction of the abdomen, the case is to be considered as more alarming.

§ CCCXII. BUT we have every thing to fear, when these paroxysms are attended with faintness, or syncope, or phrenitic delirium; comatose affection; spasm; excessive tumefaction of the abdomen; or symptoms of pleurisy or peripneumony; or of inflammation of any of the abdominal viscera.

§ CCCXIII. IT is of use when the pulse continues free and expanded during the paroxysm. If it becomes soft, small, and unequal, it is an unfavourable sign. We particularly observe this to happen in malignant, remittent, and comatose fevers.

§ CCCXIV. THE exacerbations, in true continued fevers, are announced by coldness of the extremities, or cough, or

great thirst, or increased anxiety and head ach.

§ CCCXV. WHEN each exacerbation of a remittent fever sets in with shivering; we may conclude it to be a true intermittent, which, by its paroxysms being lengthened out, appears under the form of a continued fever *.

§ CCCXVI. THESE fevers (§ cccxv.) are observed here, only from about the

* To this observation of the learned author, it may not be amiss to add, that the celebrated Dr. Cullen, very properly refers all remittent fevers to the class of *intermittents*. See his *Synopsis Nosologiæ Method.* and his, *First lines of the practice of Physic*. Both remittents, and intermittents, are, in general, to be traced to the same remote causes, and agree in having only one exacerbation every four and twenty hours; and, in mutually exchanging types, the remittent fever, frequently becoming a clear and distinct intermittent; and both quotidians and tertians, as well as quartans, as often, by improper management and other causes resuming the type of a remittent or continued fever.—It was the experienced M. de Haen, who first observed, that in true continued fevers, there is an exacerbation twice every four and twenty hours; and this seems to be one of the leading characteristics of these fevers.

middle of summer, till the beginning of autumn; when they terminate in a salutary manner, they usually degenerate into fevers that are evidently intermittent.

§ CCCXVII. If a fever, that began its attack under the form of a tertian, or double tertian, becomes continued, and no longer retains the marks (§ CCCXV.) of an intermitting fever; we may reasonably be alarmed, because such fevers commonly produce the most dangerous symptoms.

§ CCCXVIII. So long as the paroxysms of a remittent fever, become more and more alarming, either by their duration, or the violence of their symptoms; we may conclude, that the fever is still in a state of increase, and, of course, of danger; but if the contrary of this is observed, our Prognostic will be a favourable one; and we may consider the fever to be in a declining state.

§ CCCXIX

§ CCCXIX. In remitting double tertians, the paroxysms are usually of unequal violence and duration; and the Prognostic is to be derived from the fits, which correspond with each other, on every third day. It will be liable to be erroneous, if we compare one paroxysm with that which immediately preceded it. (* 26.)

§ CCCXX. If, at the close of an unfavourable remitting fever, (the exacerbations of which, have constantly gone on increasing, and affording gradually the most formidable symptoms) there comes on, as it were, a new paroxysm, or redoubling of the fever, with an excessive coldness of the extremities; and, if this coldness is so extensive, that not only the patient's feet, but likewise his legs and thighs, feel like marble, and continue so two or three hours, and sometimes a much longer time; we have reason to fear lest the patient die in the paroxysm, to which there is so alarming a prelude.

§ CCCXXI.

§ CCCXXI. IF, to these signs (§ cccxx.) there be added hiccup, and an internal sensation of burning heat, the Prognostic will be still more certainly fatal.

§ CCCXXII. IF, during the course of an acute fever, after the most alarming symptoms have prevailed, with bad pulse, much weakness, little heat, and even coldness of the extremities, the patient complains of a devouring, burning sensation within; we may conclude, that death is at hand. (* 17.) *Hip.* 207, 209, 210, 211.

§ CCCXXIII. THE Prognostic to be made with certainty, should not be founded on one sign only, but on the whole of what the disease has afforded, and continues to exhibit.

§ CCCXXIV. THE symptoms, which, in the course of an acute fever, characterize an affection, more or less dangerous, of one or more of the viscera,
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are the most certain signs of imminent danger.

§ CCCXXV. THOSE which indicate great weakness, and a languid and nearly extinguished circulation, if they accompany those we have just now described, are the most invariable marks of approaching death. (§ IV, V, XVIII, XIX, XX, XXI, XXV, XXVII, XXVIII.)

§ CCCXXVI. If an ulcer of long standing; or the legs and shoulders of the patient excoriated, and suppurating from the application of a blister; suddenly dry up: and, if the application of a vesicatory excites gangrene, instead of inflaming and blistering the skin, we may expect a speedy death. These signs are to be added to those I have already cited, as marks of a languid, and nearly extinguished circulation.

§ CCCXXVII. We may argue the recovery of the patient, when he has a profound

profound and easy sleep, out of which he wakes sensibly refreshed and strengthened. When his appetite, and strength return by degrees, and in proportion to the violence, and duration of the disease he has experienced: and when the disease has been terminated by a salutary evacuation, or deposition, (§ CCLXXXVI, CCLXXXVII.)

§ CCCXXVIII. CIRCUMSTANCES contrary to those we have now mentioned, will threaten a relapse.

§ CCCXXIX. THE duration of the convalescent state, and the management it exacts, will be proportioned to the violence, &c. of the preceding disease. *Hip.* 233.

§ CCCXXX. PREGNANT women, attacked with acute fevers, are more liable to fall victims to them, than other subjects. They are likewise likely to miscarry during the attack. *Hip.* 234.

§ CCCXXXI. Loss of blood, long and obstinate diarrhoea, dysentery, and tenesmus, dispose a pregnant woman to miscarry. *Hip.* 235, 236.

§ CCCXXXII. EPILEPTIC convulsions, which precede, accompany, or follow delivery, are, in general, fatal.

§ CCCXXXIII. OF these convulsions, the least fatal ones, are those, which being occasioned by the violence, and duration of the labour, disappear after that is over.

§ CCCXXXIV. A SUDDEN delivery, unaccompanied with pain, is to be suspected; especially, if the patient has before been languishing, or sick, and if the lochia, are of a bad quality, deliveries of this sort, are often followed by the most fatal effects. *Hip.* 238.

§ CCCXXXV. It is a good sign, when a lying-in woman, remains three or four days without fever, and feels no other inconvenience,

inconvenience, than what is incompatible with her situation, such as general weakness, &c. and when the lochia flow properly, both as to quality, and quantity, and when, after the third, fourth, or fifth day, the milk fever begins to appear, and then, that the flow of milk takes place.

§ CCCXXXVI. It often happens, in consequence of the irritation of her labour, that the lying-in woman has a little fever, on the first and second day. This, however, will not be alarming, if the lochia flow properly, and the pulse is free and expanded, and the skin moist; but above all, if there is no symptom that threatens any affection of the viscera.

§ CCCXXXVII. If, in the first days of a lying-in, and before the milk has appeared, there comes on an acute fever; we have every thing to fear for the life of the patient.

§ CCCXXXVIII. IF, at this period of lying-in, the patient becomes absent, or has slight delirium; or stammers, during a few instants; if she feels, tho' without reason, as if she had received a blow on the back part of her head; such symptoms are not to be considered as mere vapours. We ought to know, that the patient is, in this case, threatened with a deposition of milk on the brain, or with malignant fever.

§ CCCXXXIX. IF the patient is attacked with apoplexy, or feels frequent returns of epileptic convulsions, and between these, continues in a state of lethargy; we may conclude, that the deposition on the brain, has actually taken place. When this happens, the patient, commonly dies, very soon, and suddenly.

§ CCCXL. IF, with suppressed lochia, the lying-in woman, has a very smart fever, pain, hardness, and tension, about the region of the uterus, and constant delirium;

lirium; we may conclude, that the uterus is in a state of inflammation, and this is, in general, speedily followed by death.

§ CCCXLI. IF, during the first days after her delivery, the patient is attacked with horripilatio, and to this there succeed, fever with head ach; dryness of the skin; diarrhoea; suppressed lochia; acute pains, either in the groin, or iliac region, or some other part of the lower belly; we have to fear, lest some of the parts there, are become affected with inflammation. This is a disorder that is full of danger, and rapid in its progress, especially when it affects the stomach. *Hip.* 240.

§ CCCXLII. PLEURISY, or peripneumony, coming on about the same period, are, likewise, marks of great danger.

§ CCCXLIII. BUT if without any of those signs, (§ cccxxxix, et seq.) the lying-

ing-in woman is attacked with an acute fever, which begins with vomiting, or a diarrhoea, together with a quick, small, soft, and weak pulse; we know from these signs, and those which follow afterwards, that she has a malignant fever; her situation renders this case particularly dangerous.

§ CCCXLIV. FROM the fifth or sixth day after delivery, after the milk has begun to flow, until the eighteenth, the patient is liable to these inflammatory depositions of milk, on the viscera. They very seldom take place, however, except during the first days of the lying-in.

§ CCCXLV. THESE depositions, usually take place in the cellular texture of the peritonæum, in one of the iliac regions. They excite acute, and obstinate pain, accompanied with fever. When well treated, they usually terminate in resolution; sometimes, they suppurate, and bring the patient into danger.

*A Digression concerning CRISIS, and
Critical Days.*

§ CCCXLVI. **T**H E word *crisis*, is Greek. It may be said, literally, to imply *judgement*.

§ CCCXLVII. **T**H E crisis of an Acute disease, is, therefore, that operation of nature, which, at a certain period of the fever, produces such a change in the state of the patient, as determines either his death, or his recovery.

§ CCCXLVIII. A CRISIS is said to be salutary, when this effort of nature is followed by an evacuation, or deposition, or eruption; which alters the state of the patient for the better, and lays the foundation for his cure.

§ CCCXLIX.

§ CCCXLIX. It is stiled *mortal*, when by producing a contrary effort, it occasions death.

§ CCCL. THE period of this latter crisis, is evidently the time, when the disease produces some irremediable affection of one or more of the organs essential to life.

§ CCCLI. It often happens, that the patient does not die till two or three days after this mortal crisis.

§ CCCLII. THE day of death, is, therefore, the period, at which, the effect of such a crisis is consummated. But this day is far from being always the same as that on which the crisis begins to operate.

§ CCCLIII. THE word *crisis*, however, is more commonly received in a favourable sense, to imply only the salutary termination of a disease.

§ CCCLIV,

§ CCCLIV. WE usually distinguish two kinds of salutary crisis; the one of these is sudden in its effects, and the other slow, and by degrees.

§ CCCLV. THE first are usually preceded and accompanied by alarming symptoms. Thus, while the patient feels the most sensible agitation, great heat and fever, together with delirium, his disorder is suddenly terminated, *judged* as Hippocrates styles it, by a copious flow of blood from the nose.

§ CCCLVI. THE second kind of salutary crisis, usually takes place without any apparent aggravation of the symptoms, at the time. The useful evacuations, which are the result of these crises, often continue for several days, and during all this time, the disease is gradually disappearing, till at length, it is wholly terminated. Thus, the pleurisy, and peripneumony, are commonly terminated by a laudable, free, and copious expectoration, which continues many

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days, and gradually relieves, and at length cures the patient.

§ CCCLVII. To speak correctly, and with precision, and to avoid, as much as may be, every source of misunderstanding, and confusion, Physicians would do well to apply the word *crisis*, only to the first of these two kinds, and to give to the others, as has been, sometimes, done, that of *λυσις*, or solution.

§ CCCLVIII. This distinction has been, almost always neglected, and this inaccuracy has introduced errors, and confusion, into the numerous works, we have, on the subject of crisis.

§ CCCLIX. ACUTE Diseases, are, sometimes determined by a single evacuation, or deposition. Sometimes two or three evacuations concur to this end, either at the same time, or one after the other. Sometimes, likewise, a deposition, and one or more salutary evacuations, concur
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at the same time to put an end to the complaint.

§ CCCLX. THE crises, properly so called, and likewise those by solution, are either complete or incomplete. The first are usually decisive, and terminate the disease; while the incomplete ones, only afford a degree of relief; after which, some new crisis of the first or second kind, takes place, and puts an end to the complaint.

§ CCCLXI. THE crises, properly so called, are often immediately preceded by alarming symptoms. (§ ccxxv.) *Hip.* 241.

§ CCCLXII. THE absence of the symptoms, which denote a grievous, confirmed, and irremediable affection of some viscus; and the presence of the signs of coction, (§ CLXVIII, CXC, CCLXXVIII, CCLXXIX, CCLXXXII, CCLXXXIV.) combined with those which give us room to expect such or such a crisis, enliven the hopes

of the physician, who has carefully studied nature, and the steps she pursues in the cure of an Acute Disease.

§ CCCLXIII. WE are able to distinguish the signs which give us reason to expect an hemorrhage from the nose, (§ CCXXIII.) or vomiting, (§ CLII.) or diarrhoea, (§ CLXIX.) or critical sweats. (§ CCXXI.)

§ CCCLXIV. BUT there are no signs which announce, with any probability, that the crisis will be by urine.

§ CCCLXV. NOR, if we expect the first vestiges of those beginning tumours, are there any positive and probable signs of the approaching eruption of carbuncle, or bubo, or erysipelas, or swelling of the parotid glands.

§ CCCLXVI. WE cannot even say with precision, whether these tumours will be symptomatic, or critical. This decision can, in my opinion, only be known

known in the event, at least with respect to buboes, and other abscesses; the erysipelas being, commonly of use, and very often, completely critical.

§ CCCLXVII. THERE are some Acute Diseases, in which the crises, properly so called, are more frequent than in others. In some they are unknown.

§ CCCLXVIII. THESE crises, are particularly observed in pestilential fevers.

§ CCCLXIX. AND in malignant fevers, which make a rapid progress, and likewise in continued fevers, of an inflammatory nature.

§ CCCLXX. THE cholera morbus, is, as it were, a disorder that is wholly critical. This crisis seeming to begin with the complaint itself.

§ CCCLXXI. NATURE usually terminates malignant fevers, whose progress is slow, in the way of solution. Those
that

that are more rapid, and inflammatory fevers, are, likewise, frequently terminated in the same manner.

§ CCCLXXII. SIMPLE continued fevers, are terminated in the way of solution*. The same thing may be said of acute rheumatism.

§ CCCLXXIII. OF thirty pleurifies, or peripneumonies, hardly one will be found, that is suddenly terminated by sweat, (§ CCIX, CCH.) or by hemorrhage from the nose. the others will terminate by a laudable expectoration, by urine, or stool, or critical moisture of the skin.

§ CCCLXXIV. To cure that kind of acute continued fever, which is in fact, only a double tertian, (the paroxysms being lengthened out, give it the type of a

* See the Author's "*Memoires sur les fievres aiguës.*"

continued fever,) nature usually brings it to the form of a regular tertian.

§ CCCLXXV. HE who in a malignant intermittent fever, neglecting the use of the bark, should wait in expectation of a crisis, would be, evidently, an unguarded practitioner, void of any knowledge of the disease.

§ CCCLXXVI. NATURE cures the small pox, by successive crises. After having effected the first of these, which is the eruption, she seems to repose herself. Then follows the suppurative stage, to which, when the disease is of the confluent kind, is added the critical swelling of the hands and feet *, and the salivation

* Some very ingenious physicians differ from our author here, and will not allow the swelling of the face and hands, or the salivation, to be critical, but merely the effect of inflammation, from a greater number of pustules; of this number is, the learned Professor Camper, who expresses himself in the following manner, on the subject. " Omnes medici, inter quos Rhases, Sydenhamus, Meadius, Huxhamus, alique emi-
" nent,

vation, in adults. Neither of these, suddenly terminate the disease.

“ nent, intumescantiam faciei, quæ 7, vel 8. die: et manu-
 “ um, pedumque, quæ 9. vel 10. die post eruptionem obser-
 “ vatur, criticam habuerunt: adeo ut Sydenhamus maximam
 “ spem salutis in ea statuatur: quamquam nonmodo Meadius
 “ sed et nos sæpissime viderimus morientes ea ipsa sub condi-
 “ tione, id est dum facies maxime tumeat.

“ Re igitur exactius examinata arbitrati sumus, hanc intumescantiam nullo modo esse criticam; sed proportionatam numero pustularum: super facie idcirco rarissime tumor observatur in insitione, nisi ultra 50 dentur pustulæ, etiam non in manibus ac pedibus. Quorum intumescantiæ, non quia materia critica prius caput, dein inferiora membra occupat, sed ideo tardius conspiciuntur, quoniam pustulæ tardius in pedibus, quam manibus, ac in facie erumpunt.

“ Imminuto igitur numero variolarum intumescantia illa, quam semper coma concomitatur, et salivatio, erunt imminutæ: et quidem adeo, ut omnino nulla intumescantia, nullus soporofus affectus, nulla salivatio, nullus manuum, vel pedum tumor observetur, si, quemadmodum, in insitione frequenter contingit, vel nullæ, vel decem ad summum in facie pustulæ dantur.

“ Intumescantiæ hæ igitur non sunt criticæ, sed veræ sequelæ inflammationis cutis, et panniculi adiposi; si vero critica esset hæc inflatio, eo major foret intumescantia, quo minor copia pustularum, quod tamen neutiquam obtinet: nam ubi paucae vel nullæ pustulæ, ibi nulla intumescantia. Idem de salivatione censendum.” *De Emolumentis, &c. Insitionis variolarum. Pag. 20 et seq.*

§ CCCLXXVII. NATURE does not shew less variety in the spontaneous solution, than in the progress of epidemical diseases, as well as in their symptoms and duration.

§ CCCLXXVIII. WHENEVER an hemorrhage from the nose terminates an Acute Disease, it is to be considered as a true crisis. It is peculiar to youth, and is more frequent in inflammatory fevers, than in malignant fevers, in which the pulse is small, soft, and weak.

§ CCCLXXIX. THE critical vomiting, (§ CLVII.) critical swellings of the parotid glands, buboes, carbuncles, (§ CCXXXIV, CCXXXV, CCXLI.) and likewise critical erysipelas, do all terminate Acute Diseases by a true crisis.

§ CCCLXXX. CRISIS, by eruption either of bubo, carbuncle, or swelling of the parotid glands, is peculiar to pestilential and malignant fevers.

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§ CCCLXXXI,

§ CCCLXXXI. SWEATING (§ CCIX, CCX.) likewise terminates Acute Diseases by a true crisis. A gentle and long continued moisture of the skin, terminates them in the way of solution.

§ CCCLXXXII. A SIMILAR termination is sometimes the result of laudable expectoration, discharges by urine, or stools, or by swelling of the face.

§ CCCLXXXIII. THE practice first adopted by Sydenham, seems to render critical hemorrhages from the nose, less frequent now, than they were with the ancients.

§ CCCLXXXIV. THE prudent use of laxative medicines towards the close of Acute Diseases, does likewise often anticipate the operations of nature. These remedies do, on these occasions, seem to determine the evacuation of the matters, which, by the critical efforts of nature, have been previously lodged in the primæ viæ.

§ CCCLXXXV.

§ CCCLXXXV. THE physician is likewise in certain cases able to assist, and even determine a critical sweat. (* 28.)

§ CCCLXXXVI. EVERY day's experience proves to us, that the efforts of nature, to bring on an expectoration in certain cases, may, by the proper or imprudent use of venæsection, and other means, be either assisted, or on the other hand, suspended, and even prevented.

§ CCCLXXXVII. THE physician ought to be aware of all these facts, (ccclix et seq.) whenever he visits a patient, or employs his thoughts on the crisis. By neglecting these particulars, we shall continue to apply to Acute Diseases in general, certain observations, which belong only to a few of that class, and thus by confusing the ideas of the young practitioner, our writings, if conducted on such erroneous principles, would only serve to embarrass him in his practice.

§ CCCLXXXVIII. OF the number of days which an Acute Disease may be liable to last, there is not one, on which it may not be liable to terminate, either in a salutary or fatal manner. So, that every day may be critical, in whatever sense we accept the word.

§ CCCLXXXIX. BUT if some of these days, are more remarkable than others, for being the period of such critical termination, they certainly deserve to be noticed, and named by way of excellence, *critical* days.

§ CCCXC. THE doctrine of Hippocrates on this subject, is neither constant, nor uniform. If we compare together different parts of his writings, we shall find him contradicting himself. In his aphorisms, for example, Sect. IV, xxxvi. he names the third, the fifth, and the ninth, amongst the critical days; whereas he excludes them from this rank in another part of his aphorisms, and likewise in his books of the Prognostics, and of
critical

critical days; in both of which he names only the fourth, the seventh, the eleventh, the fourteenth, &c. *Hip.* 242, & seq.

§ CCCXCI. GALEN seems to have fixed the opinion of Physicians in general, on this doctrine of Hippocrates. According to Galen, the father of physic considered the fourth, the seventh, the eleventh, the fourteenth, the seventeenth, and the twentieth, as favourable critical days; and to these he added the twenty-fourth, the twenty-seventh, the thirtieth, the thirty-fourth, and the fortieth.

§ CCCXCII. ACCORDING to Galen likewise, the seventh is the most remarkable of all these days, for the frequency and solidity of the crises, that happen on that day.

§ CCCXCIII. HE is not so favourable to the sixth day, he even styles it the tyrant of Acute Diseases, because it is remarkable, he says, for the number of fatal terminations that happen on it.

§ CCCXCIV.

§ CCCXCIV. THE fourth is both a *critical* and an *indicating* day. If the signs of coction appear on the fourth day, they announce a salutary crisis on the seventh. This last is likewise a day of indication for the eleventh, and this again for the fourteenth. *Hip.* 246.

§ CCCXCV. SUCH, in a few words, is the doctrine of Galen, and his followers, concerning the critical days, and on this doctrine, we will make the following reflections.

§ CCCXCVI. BY a long continued habit of using words, the true and precise meaning of which, we have never properly examined, we come very often, at length to adopt the most absurd opinions. This seems to have been the case with respect to critical days.

§ CCCXCVII. ACUTE Diseases, differing very considerably from each other, both as to their violence, and duration; the days which will be critical in some, will

will be far from being so in others. It would be as absurd, for example, in the acute rheumatism to consider the seventh day as critical, when the disease may be expected to run out to the thirtieth, or more, as it would be to form expectations from the twenty-fourth, or thirtieth day of a pestilential fever, when a very small number of days is likely to terminate the disease.

§ CCCXCVIII. We are not, therefore, loosely to fix on any days as being critical to Acute Diseases in general, because these diseases have no common affinity with each other in this respect.

§ CCCXCIX. It would be interesting, however, to prove, from careful and attentive observation, what is the progress, and ordinary duration of each of these diseases, and then to see whether such or such an acute fever, has a certain fixed period for its termination.

§ CCCC.

§ CCCC. SUCH observations only, can throw the necessary light on the dispute concerning critical days. So long as we neglect this, and thus continue to adopt the idea of critical days, in a loose sense, as common to all the different kinds of Acute Diseases, we are abandoning, as it were, this important part of the history of diseases, to obscurity and unanswerable difficulties.

§ CCCC I. IN the eruptive fever, which precedes the erysipelas of the face, the second or third day is frequently critical, because the eruption never removes the fever, and alarming symptoms, that accompanied it.

§ CCCC II. IN the cholera morbus even the first day is critical.

§ CCCC III. THE plague does not seem to observe any regular period; that disease terminates on the first, second, third, or fourth day; and sometimes later, when

when the disorder is more flow in its progress*.

§ CCCCIV. HIPPOCRATES in his *epidem*, lib. i. has said, that in tertian remitting fevers, the critical days, whether good or bad, are determined by the paroxysms. So that if the paroxysms of a single, remitting, tertian, or double tertian, happen on even days, the crisis will take place on an even day, and vice versa.

§ CCCCIV. To form a proper Prognostic, however, in fevers of this sort, I believe it will be of more importance to derive it from the character of the disease, the nature of the evacuations, and the state of the viscera, than from the particular type of the disorder, which induces its paroxysms to happen on even, or odd days.

* See the writings of Diemerbroek, and likewise those of the Physicians who described the plague at Marseilles.

§ CCCCVI. IN inflammations of the breast, which terminate favourably by expectoration, the evacuation goes on gradually, and continues many days. It would, therefore, be hard to say, in these cases, which of these days is critical.

§ CCCCVII. THE same thing may be said of all Acute Diseases, which terminate by solution. If on the eleventh or twelfth day of an Acute Disease, a gentle moisture appears on the skin, or the urine deposits a sediment, and either of these signs continues two or three days, while the disease is evidently declining, and at length terminates; which of these days shall we consider as the critical one, shall it be that which began the crisis, or that on which the disease terminated?

§ CCCCVIII. IN an infinite number of cases, it would be equally difficult for us to point out the critical day, even when the disease terminates in death; we have already shewn (§ CCCL, CCCLI.) that this fatal crisis, usually begins one, two,
or

or three days before that period, and is then only consummated.

§ CCCCIX. THE plague, which makes so rapid a progress, has certainly, with respect to critical days, nothing in common with that kind of sporadic malignant fever, which is peculiar to young people, and seldom terminates before the thirtieth day, and which sometimes runs out to the fortieth, and even fiftieth day, when it ends well.

§ CCCCX. AND yet these two diseases will, to the eye of the attentive observer, afford many marks of analogy. They are both of the same genus, and the interval which separates them, is filled up by fevers, which differ, more or less from each other, by infinite shades, and gradations, and which have each their particular period.

§ CCCCXI. So that even allowing the fourth, or the seventh day, to be truly critical in the plague, it would by no

means follow, that these same days are more remarkable than every other, in the other kinds of fevers, which altho' of the same tribe, are, however, very different in their progress and duration.

§ CCCCXII. IT is therefore evident, that we have long entertained a very absurd notion, by considering it as a general principle, “ That in Acute Diseases, “ the critical days, such as the fourth, the “ seventh, the eleventh, the fourteenth, “ &c. are to be considered as particular- “ ly destined to the critical operations of “ nature ; and therefore, that it is impru- “ dent to disturb her at these times, by “ remedies, which are rather to be ex- “ hibited on the intermediate days.”

§ CCCCXIII. IT will be answered, perhaps, by the advocates for critical days, that giving up the idea of them, as common to Acute Diseases in general, they wish only to know, whether or not, acute fevers that are rapid in their progress, terminate chiefly on the fourth or seventh day,

day, by favourable crisis; and whether fevers, that are next to these in duration, do not chiefly end on the eleventh or fourteenth; while others, that are still slower in their progress, terminate on the seventeenth or twentieth, rather than on other days?

§ CCCCXIV. To this question, I am disposed to answer, that neither my own reflections, (§ CCCXCVII, & seq.) and experience, nor the numerous histories of Acute Diseases, we meet with in authors, induce me to believe, that nature affects any sort of constancy in terminating these complaints, on the days that have been named critical. That it is, therefore, a mark of imprudence and error, to form our Prognostic from, or to adopt our method of treatment to, these imaginary periods; and that without attending to them, we should found our opinion and practice wholly on the signs which characterize the disease, and indicate the rapidity, or slowness of its progress, the state of the viscera, the marks of crudity
and

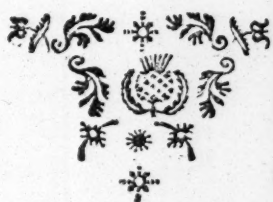
and coction, and those which enable us to ascertain the strength of the patient, and the critical or symptomatic evacuations that have taken place, or are likely to happen. In one word, that we should unite together all the signs that have been described in this treatise. (* 29.)

§ CCCCXV. THE observations of Hippocrates, afford so many examples, repugnant to the doctrine of critical days, that they alone would be sufficient to authorize the sentiments we have now adopted concerning them. (* 29.) See *Prosper Alpini de Presag. Lib. vi. Cap. iv.*

§ CCCCXVI. I FLATTER myself, that many of the most celebrated Physicians, now living in Europe, think as I do on this matter; of these, I will content myself with naming Sir John Pringle, who, rejecting the doctrine of critical days, is, nevertheless attentive to observe on every occasion, the ordinary duration, and particular period of each kind of fever, and the manner in which it usually terminates.

minates*. The spirit of philosophy, which is now so happily prevalent in medicine, as well as in every other branch of natural history, seems every day to lessen the blind and enthusiastic respect our predecessors paid to the writings of Hippocrates and Galen. We do well, indeed, to profit from, and admire the excellent observations they drew from nature; but surely, as men of reasoning, and philosophers, we have a right to discuss their opinions with freedom, and to reject them whenever they are repugnant to experience and truth.

* Observations on the diseases of the army, 7th edit. 8vo. pages 140, 297, 315.



SECTION

S E C T I O N IV.

§ CCCCXVII. **T**HE signs we have already described in the three preceding sections of this work, have the same Prognostic signification in pleurisy and peripneumony, as in other acute fevers.

§ CCCCXVIII. BUT both these diseases have other signs peculiar to themselves, and which are of consequence to be understood, if we wish to know how they will terminate.

§ CCCCXIX. As they occur rarely in infancy, so are they more dangerous at that age, than in youth, or more advanced life.

§ CCCCXX.

§ CCCCXX. THEY are more frequently fatal, in the robust and vigorous, and in those who are addicted to strong liquors, than in other subjects. *Hip.* 219.

§ CCCCXXI. THEY are likewise very dangerous in asthmatic patients.

§ CCCCXXII. IN the pleurisy, it is a good sign when the pain, affecting only one side, is supportable, and does not much affect respiration.

§ CCCCXXIII. VIOLENT pain in the side, denotes a dangerous pleurisy.

§ CCCCXXIV. BUT, if this pain becomes so acute as to render the breathing excessively short, and to excite cries and groans in a man, who has fortitude, and is naturally patient of pain, the Prognostic will be very unfavourable. Its fatality will be more confirmed, if repeated bleeding affords no relief.

U § CCCCXXV,

§ CCCCXXV. WHEN the pains, in these cases,, affects the upper parts of the breast, *Hip.* 254, the back, and mediastinum, they are much more dangerous than those which are lateral, and lower down.

§ CCCCXXVI. IF the pain varies, both as to its seat and violence, being, sometimes, very sharp, and then almost entirely ceasing ; we may suspect that the patient has worms, either in the stomach or intestines.

§ CCCCXXVII. IF the matter of expectoration is streaked with blood; and the patient feels a pain in some part of the breast, which tho' obscured from time to time by a more acute pain, appears again when that is over ; we may conclude the disease to be a pleurisy complicated with worms.

§ CCCCXXVIII. IN circumstances opposite to those we have now described ; we may conclude, that without the
existence

existence of true pleurisy, the pain (§ ccccxxvi.) is wholly occasioned by worms ; and this second case is, therefore, much less dangerous than the first.

§ CCCCXXIX. THE known character of the reigning diseases, and the signs we have formerly described, (§ XL, XLI.) will enable us to distinguish these two cases. (§ ccccxxvii, ccccxxviii.)

§ CCCCXXX. A PAIN in the side, that is truly and wholly pleuritic, may likewise change its seat, either by a removal, or by an extension of the inflammation : the pain of the newly affected part, by its greater violence, rendering the patient less sensible of the other. *Hip.* 252.

§ CCCCXXXI. IN this case, which is full of danger, the new pain is fixed and constant, and does not afford the variety we described in the other cases. (§ ccccxxvii, ccccxxviii.)

U 2 § CCCCXXXII.

§ CCCCXXXII. If the pain of the side, and difficulty of respiration disappear, and are succeeded by phrenitic delirium, we have reason to fear, that the disease will terminate in death. (*30.) *Hip.* 251, 273.

§ CCCCXXXIII. If the pain of the side, and fever are violent, it is better for them to be so at the beginning: but, if from being moderate at that period, they both become very acute about the sixth day, our Prognostic will be very unfavourable. *Hip.* 253.

§ CCCCXXXIV. If a very acute pain in the side, suddenly ceases, without our being able to attribute this relief to a sweat, or hemorrhage, or any other critical evacuation; and, if at the same time, the other symptoms which distressed the patient, increase, instead of diminishing. If he becomes cold, has cold sweats, bad pulse, and much change in his physiognomy; we then know, with certainty, that death is at hand.

§ CCCCXXXV.

§ CCCCXXXV. IN the pleurisy and peripneumony, the difficulty of breathing, is usually proportioned to the violence of the disease.

§ CCCCXXXVI. IT is therefore of use for the respiration to be neither very difficult, nor quick, but full; and it will be well, likewise, if the patient complains of no more cough or oppression, when lying one side, than when lying on his back; and that he sleeps in this last posture, if he has been accustomed to it.

§ CCCCXXXVII. IN general, the Prognostic in these diseases will be more unfavourable, in proportion as the respiration is shorter, and more laboured and difficult.

§ CCCCXXXVIII. THE different degrees of difficult respiration, cannot be easily defined; habit and experience, only, can enable the physician to distinguish them properly.

§ CCCCXXXIX.

§ CCCCXXXIX. ALTHO' the patient has more cough, and is less easy when lying on one side, than on the other, we are not, however, to be too hasty in concluding, that he has an abscess of the lungs. (§ CCCCLXXXIV.)

§ CCCCXL. THIS symptom (§ CCCCXXXIX.) appearing at the beginning of a pleurisy, or peripneumony, simply announces that the inflammation affects only one lobe, or one lobe more than the other.

§ CCCCXLI. If, during the course of a pleurisy, or peripneumony, the patient is suddenly seized with so great a difficulty of breathing, as to be obliged to sit upright in his bed, and that even in this situation, his respiration is laborious; and if this symptom has not been preceded by the signs of an abscess, (§ CCCCLXXXIV, & seq.) we may presume, that an effusion has taken place into the cavity of the breast, and this will be sufficient to announce the approach of death. (* 31.)

Hip. 255.

§ CCCCXLII.

§ CCCCXLII. If the blood drawn off is fizy, it is well when the buffy coat is not very thick, and when there separates from the conculum, after a convenient time, a sufficient quantity of serum.

§ CCCCXLIII. But if the buff seems to extend thro' almost the whole of the coagulum, and is at the same time transparent like a jelly: if the surface is variegated with livid spots, and if the blood, after being long at rest in the porringer, does not separate into serum, and crassamentum, we may conclude that death is near at hand*; and,

* The reader, who is aware of Mr. Hewson's ingenious experiments on the blood, and who knows that the existence of buff often depends merely on the size of the orifice, porringer, &c. will probably object to what the author has advanced here, and will be inclined to think, that the appearance of the blood can afford only a feeble support to the Prognostic in these cases. I had prepared the same objections. The learned author will be found replying to them in his note * 32, at the end of this work.

indeed,

indeed, this sign is always attended with most alarming symptoms. (* 32.)

§ CCCCXLIV. A SOFT and expanded pulse, is in general, a favourable sign in inflammation of the breast. It usually precedes, and accompanies the salutary expectoration, which terminates these diseases.

§ CCCCXLV. If the symptoms become every day more grievous; and the pulse, from being strong, feels empty, (§ v.) or small, weak and unequal; this change announces great danger. It is usually accompanied by the most fatal symptoms. (§ III.)

§ CCCCXLVI. HARDNESS of the pulse is by no means essential to pleurisy. This symptom is to be arranged amongst the signs of the Prognostic in this disease. (* 33.)

§ CCCCXLVII. THIS symptom is an unfavourable sign, when it continues long,

long, and with a certain degree of steadiness.

§ CCCCXLVIII. So long as this hardness of the pulse continues, we are not to expect any salutary and decisive expectoration.

§ CCCCXLIX. If, when the other symptoms do not threaten death, this hardness of the pulse continues till the eleventh day; we may then very properly suspect, that the disease will turn to suppuration and abscess.

§ CCCCL. WHEN the pulse, even on the first days of inflammation of the breast is very frequent, small, weak, soft, and often irregular; the disease may be considered as participating of the nature of malignant fevers. (§ II.) In these there is much more danger than in the others, and blood-letting, instead of being useful, is often very pernicious. They turn to gangrene, much more frequently, than pleurisy that is purely inflammatory.

X

§ CCCCLI.

§ CCCCLI. ONE of the most favourable signs that can happen in these cases, is, when the pulse diminishes in frequency, but becomes more expanded, strong and regular.

§ CCCCLII. As pleurisy and peripneumony, when they end favourably, generally terminate in a laudable and copious expectoration, it is right to be acquainted with the different qualities of the matter that is spit up, and how much either of these will influence the Prognostic.

§ CCCCLIII. WHEN expectoration is wholly deficient in either of these diseases, they are extremely dangerous. *Hip.* 256. And altho' when this is the case, the symptoms do not announce death; we may reasonably fear that suppuration and abscess will be the result.

§ CCCCLIV. IF the matter that is expectorated, has neither colour nor consistence; and is altogether watery, and frothy, like the saliva, and at the
same

same time affords no relief to the patient, the Prognostic will be unfavourable. (§ CCCCLIII.) *Hip.* 261.

§ CCCCLV. WE are not to be alarmed when the matter that is expectorated in the beginning of a pleurisy or peripneumony, is streaked with blood.

§ CCCCLVI. IT is indeed a good sign, when the expectoration begins on the first days of the disease, to establish itself in this manner. (§ CCCCLV.) *Hip.* 265, 267. It is likewise a good omen, when at this period, the patient expectorates without much difficulty, while the matter of expectoration is of a firmer consistence, and more viscid than saliva, and somewhat streaked with blood; and likewise, when between the fourth, and the seventh, or eighth day, this appearance of blood is effaced, and the matter that is spit up, becomes more inspissated, till at length the patient, every time he coughs, brings up with great facility, a quantity of matter, of a thickish consistence,

sistence, and of a uniform, darkish, white colour, approaching, more or less, to yellow, or red.

§ CCCCLVII. THE relief it affords the patient, will enable us to judge of its efficacy. *Hip.* 271.

§ CCCCLVIII. WHEN it is only after the repeated efforts of an almost dry cough, that the patient is able to force up, as it were, a little matter, the expectoration of which, affords no relief to the patient; we may conclude, from so unfavourable a sign, that the cure of the disease is as yet very distant.

§ CCCCLIX. BUT if the patient seeming to have his lungs so filled with matter, as to be unable, notwithstanding all his efforts, to spit it up; and if, after having coughed and expectorated, we distinguish by the particular noise he makes in breathing, that a quantity of matter is still adhering to the Bronchiæ:
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we have every thing to fear from so unfavourable a situation. *Hip.* 264.

CCCCLX. If the spitting is wholly of blood in the beginning of a pleurisy or peripneumony, we may expect that the disease will be dangerous. *Hip.* 268. If such an appearance takes place in a more advanced stage of the disease, it will be still more dangerous.

§ CCCCLXI. A BILIOUS spitting, that is, of a transparent, glistening, yellow matter, is a bad sign. *Hip.* 260.

§ CCCCLXII. THAT which is of a leek green, is still more dangerous. *Hip.* 262.

§ CCCCLXIII. A SPITTING of brown, livid, and black matter, announces, in general, certain death. *Hip.* 263.

§ CCCCLXIV. If, during the course of a pleurisy, or peripneumony, a purulent expectoration gradually takes place,
we

we may attribute it to a superficial ulceration of the membrane that lines the Bronchiæ.

§ CCCCLXV. THIS sort of purulent expectoration is not very copious; whereas, that which is occasioned by the bursting of an abscess, (§ D, DI.) comes on suddenly, and is very copious at the beginning.

§ CCCCLXVI. THE expectorations we have described, (§ CCCCLXIV.) occur chiefly in certain cases. (§ CCCCLIII, CCCCLIV, CCCCLV, CCCCLVI, CCCCLVII.) Pleurifies and peripneumonies that begin with a violent and obstinate vomiting, are still liable to afford such an expectoration, during their course (* 34.) There are other cases, however, (§ CCCCLV, et seq.) in which we are not to expect it.

§ CCCCLXVII. THE Prognostic in this case, (§ CCCCLXIV, CCCCLXV.) is to be founded, not on the purulent nature of the expectoration,

expectoration, so much as on the whole of the symptoms collected together.

§ CCCCLXVIII. IF the expectoration goes on with ease, if it relieves and visibly mitigates the symptoms, we have reason to expect that the disease will be soon, and happily terminated.

§ CCCCLXIX. IF, even in the beginning of peripneumony, to great difficulty of breathing, a kind of perturbation (*bouil-lonment*,) within the breast, violent fever, and very pliant pulse, there be joined a copious expectoration of a purulent matter; however alarming these symptoms may be, yet, are we not to despair of a cure. Experience seems to prove, that peripneumonies of this sort are not commonly mortal. *Hip.* 272.

§ CCCCLXX. IF, amidst the most alarming symptoms, there comes on a shivering, which is immediately succeeded by a very copious and universal sweat, which evidently relieves the patient:
this

this sweat is salutary. It terminates the disease by a crisis, properly so called. (§ CCX, CCCLIV, CCCLV.)

§ CCCCLXXI. A MOISTURE of the skin long continued, and which relieves; as likewise, salutary stools; (§ CLXXII.) critical urine that deposits sediment, (§ CXCV.) all tend to announce a speedy and happy termination of the disease.

§ CCCCLXXII. If, during the course of a pleurisy, on the sudden cessation of all the symptoms of that disease, there comes on a retention of urine; this new disease may serve as a crisis to the first. Such a crisis, tho' rare, has, however, sometimes happened.

§ CCCCLXXIII. WHEN an inflammation of the breast runs on to the fourteenth day, without the patient's appearing to be advancing towards a cure, either from the deficiency of a laudable expectoration, or of some other salutary evacuation; and yet, at the same time, the

the symptoms are not such as indicate the disease to be mortal ; we have reason to think that it will end in abscess, supposing that it is not already formed. *Hip.* 274, 275.

§ CCCCLXXIV. IF the fever changes its type, and assuming that of a suppurative fever, becomes remittent, each of its paroxysms beginning by a shivering; we can hardly doubt, but that the disease is actually going on to suppuration. *Hip.* 276, 277, 278, 279.

§ CCCCLXXV. THE regular, or irregular returns of these paroxysms, will not alter the diagnostic. (§ CCCCLXXI.) (* 35.)

§ CCCCLXXVI. THE shiverings with which suppurative fevers usually announce themselves, are commonly much more violent at the beginning, than when they have lasted some time.

Y

§ CCCCLXXVII.

§ CCCCLXXVII. THE violence of these shiverings, and the regularity with which they return, are liable to deceive the inexperienced physician, and lead him to mistake these suppurative fevers, for simple remitting, or intermitting fevers.

§ CCCCLXXVIII. THE diagnostic signs of abscess, (§ CCCCLXXIII, CCCCLXXIV.) are confirmed by the following.

§ CCCCLXXIX. THE patient is no sooner asleep, whether it be night or day, than he falls into copious sweats, which weaken him, instead of affording him relief. *Hip.* 280, 282.

§ CCCCLXXX. IF pleurisy is succeeded by abscess, and the pain still keeps the same seat, it becomes a dull, heavy pain, instead of being acute, and pungent as it was before this change. *Hip.* 276, 287.

§ CCCCLXXXI. THE cough continues, but is of no use. It is dry, and affords
only

only a matter similar to saliva. *Hip.*
282.

§ CCCCLXXXII. SOMETIMES the cough raises a disagreeable odour to the nostrils. This is sometimes sensible even to the assistants.

§ CCCCLXXXIII. THIS symptom, whenever it occurs, adds to the fatality of the Prognostic in this case, the abscess itself being sufficiently baneful.

§ CCCCLXXXIV. THE cough, oppression, and heavy pain in the side, affect the patient more, when he lies on one side, than on the other. *Hip.* 281.

§ CCCCLXXXV. THE seat of the abscess is usually, tho' not always, on the side opposite to that which the patient complains most of when he lies on it.

§ CCCCLXXXVI. THE blood, (supposing that the patient requires bleeding,) will be found fizy.

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§ CCCCLXXXVII.

§ CCCCLXXXVII. THE swelling of the feet. *Hip.* 282. and of the hands, and eye lids ; together with diarrhoea, or dysentery. *Hip.* 280, 283 ; and likewise an unequal and intermitting pulse, are all so many signs of abscess in the breast.

§ CCCCLXXXVIII. IF to these signs, (§ CCCCLXXXIII. et seq.) there be added, a troublesome and manifest pulsation within the breast, we are not to be too easily persuaded that it is an aneurism.

§ CCCCLXXXIX. AN abscess of the lungs, situated so as to receive the impression of the heart's motion, or of the great arteries, will sometimes occasion a false appearance of aneurism. (* 36.)

§ CCCCXC. IF to the other signs of abscess in the breast, there be joined other formidable symptoms, such as great cough and oppression, bad pulse, violent fever, and great change in the countenance,

nance, &c. we have reason to fear, that the patient will die speedily, and before nature can be able to give vent to the matter contained in the abscess.

§ CCCCXCI. If the symptoms that accompany it, are not violent; if the patient's breathing is not disturbed; if the pain, and the cough, and the fever are moderate, and the urine and stools as in a natural state; and if at the same time, the patient gets rest at night, the Prognostic will be more favourable. *Hip.* 286. We may venture to say, that the danger will be deferred till after the bursting of the abscess..

§ CCCCXCII. THE physician will do well, however, to inform the assistants, that whenever that happens, the patient may, perhaps, die suddenly; either by the pus being discharged at once into the cavity of the breast, and thus occasioning a fatal syncope; or by flowing into the Bronchiæ, and thus suffocating the patient.

§ CCCCXCIII.

§ CCCCXCIII. IT is impossible to say with precision, how long a time will pass between the formation of the abscess, and its bursting.

§ CCCCXCIV. THE more rapid the disease seems to be in its progress, and the greater the cough and oppression are; and likewise, the fever, and the heat of the body; the sooner may we expect the abscess to discharge itself. *Hip.* 289.

§ CCCCXCV. AN abscess of the breast seldom opens sooner than twelve or fifteen days after it has begun to form; nor later than thirty. *Hip.* 288, 289.

§ CCCCXCVI. THE fever, cough, and oppression, do sometimes, tho' not always, increase a little before the rupture of the abscess, and give us reason to suspect, that this will soon happen. *Hip.* 290.

§ CCCCXCVII.

§ CCCCXCVII. If the increased cough affords streaks of blood with the matter that is spit up, or a disagreeable odour, (§ CCCCLXXXI.) we may venture to believe, that the abscess is about to rupture, and that the discharge will be into the Bronchiæ.

§ CCCCXCVIII. If a patient, who has all the symptoms of an abscess in the breast, voids a urine which deposits a copious and purulent sediment, or is seized with diarrhoea, and that either of these occasions the fever, and the other signs of abscess to cease; we may suppose, that by a salutary effort of nature, the pus is absorbed, and after being carried through the circulation, is evacuated through these outlets.

§ CCCCXCIX. This termination is a very favourable one, but it rarely happens.

§ D. If the abscess bursts on the side of the Bronchiæ, it is well if this happens
when

when the patient is awake ; because then there will be less danger of his being suffocated.

§ DI. IN this case, we may form a favourable opinion of the event of the disease ; if, at the beginning, the purulent expectoration is easy, copious, and of a good quality ; and likewise, if this discharge mitigates the fever, and after having continued several days in abundance, at length gradually becomes less and less. *Hip.* 291.

§ DII. IN circumstances opposed to those we have now described, we may expect to see the patient die consumptive. The Prognostic will be a doubtful one, if the state of the patient affords at once, both good and bad signs. *Hip.* 292, 293, 295, 296.

§ DIII. IF, before the bursting of the abscess, there appears a tumour in any external part of the breast ; we may conclude, that the matter is making its way
towards

towards that part, and that we shall soon perceive a fluctuation, and this, whether the tumour appears inflamed or only white and sedematous.

§ DIV. If, in the mean time, there comes on a copious expectoration of purulent matter, and the tumour disappears; we may conclude, that the abscess has discharged itself into the Bronchiæ.

§ DV. If, on the other hand, this tumour affords signs of evident fluctuation, it will be prudent to open it: and if, by the operation, there is discharged a laudable pus, and that this discharge soon mitigates the fever and cough, and restores the patient to his appetite and sleep; we have every reason to hope that the disorder will terminate well. *Hip.* 298.

§ DVI. WHEN the abscess is opened, if the pus that issues from it is sanious, foetid, and of a bad colour; and if, with these unpromising qualities of the pus, the slow fever continues; we may con-
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clude,

clude, that the patient will die consumptive.

§ DVII. WHEN an abscess, either of the lungs or pleura, bursts and discharges its contents into the cavity of the thorax, the patient usually experiences a faintness, and sometimes a complete syncope, in the very moment of the discharge. *Hip.* 297. Then he feels a slight relief, but only for a short time, for the difficulty of breathing soon returns, and gradually increases, till he is obliged to be constantly in an erect, or sitting posture; and at the same time he complains of a pressure like a belt, about the region of the diaphragm.

§ DVIII. THE seat of the pain, whether of the pungent pain, during the course of the inflammatory fever, or of the dull, heavy pain, that takes place after the abscess is formed, indicates the side of the breast, on which we are to expect the discharge.

§ DIX.

§ DIX. THE patient's inability to lie on the opposite side, without adding much to the cough and oppression, confirms this diagnostic. *Hip.* 301.

§ DX. WE may likewise, on these occasions, observe a sensible difference in the two sides of the breast, that in which the discharge has taken place, appearing to be larger than the other, *Hip.* 301.

§ DXI. THIS inequality will be more remarkable at the posterior, than at the anterior part of the breast.

§ DXII. THIS last sign, (§ DX.) however, is observable only when the discharge is very considerable.

§ DXIII. SURGERY alone can afford any relief to the patient in this situation.

§ DXIV. WHEN the operation of the Empiema has been performed, the good or bad quality of the pus, *Hip.* 298, 299, together with the cessation, or continu-

ance of the fever, and other symptoms, are to guide us in our Prognostic. Even in the most favourable circumstances; however, it would be imprudent to assure the cure of so dangerous a complaint, till we see it almost completed.

§ DXV. ABSCESS of the lungs, is not always the result of pleurisy, or peripneumony. It is sometimes a primary affection, and of itself constitutes the disease.

§ DXVI. SUCH an abscess announces itself by a pain in the breast, more or less acute; a dry, and frequent cough; difficulty of breathing; inability to lie but on one side; and by a fever, which from its first attack, assumes the character of a suppurative fever, (* 37.) sometimes the pulse is unequal and intermitting.

§ DXVII. THE Prognostic in this case, will not be different from the other, and is to be derived from the signs we have
just

just now mentioned. (§ ccccxc, cccxcī, cccxcīī.)

§ DXVIII. IT now and then happens, that an abscess forms in the breast, without giving any signs of its approach. The patient does not even feel himself affected till the period of its discharge. This sort of abscess has been properly called purulent vomica.

§ DXIX. THE moment the vomica bursts, the pus sometimes flows into the Bronchiæ, so suddenly, and in so great a quantity, as to suffocate the patient instantaneously.

§ DXX. If he escapes, however, and expectorates a great quantity of purulent matter, the Prognostic, (§ D, Dī.) will be the same as in the abscess that follows pleurisy or peripneumony.

§ DXXI. THE lymphatic, as well as the purulent vomica, does, likewise, not manifest itself till the moment it bursts.

§ DXXII.

§ DXXII. THE patient being then seized with a continual and suffocating cough, expectorates a frothy, lymphatic matter, and in great abundance.

§ DXXIII. THE fever is soon added to this, and if it continues, we have reason to fear that a purulent expectoration will be confirmed, and that the patient will die consumptive.

§ DXXIV. IT sometimes, tho' rarely, happens, that the patient coughs up the lymphatic vomica included in its cyst *, and resembling a small egg deprived of its shell; this is followed by a very copious expectoration of a frothy, lymphatic matter.

* WHAT the author calls lymphatic vomica, may perhaps be more properly stiled an Hydatid. There is in the second volume of the Med. Transactions, a curious account of Hydatids, discharged by coughing. It would be superfluous to relate it here, as that work is, or ought to be, in the hands of every practitioner.

§ DXXV.

§ DXXV. THE only difference between these two cases, is, that in the former, the vomica bursts; whereas in the latter, it is voided whole.

§ DXXVI. It is likely that the lymphatic vomica, sometimes suffocates the patient instantaneously. (* 38.)

§ DXXVII. THE angina, which is seated in the larynx, and affects the voice of the patient, is the most alarming. It usually carries off the patient, the third, or fourth day, and sometimes sooner. *Hip.* 313.

§ DXXVIII. THIS sort of angina is very happily, exceedingly rare, especially with adults. Children are the most subject to it.

§ DXXIX. THE angina which is seated in the tonsils, and neighbouring parts, only affects the deglutition, and is seldom fatal when purely inflammatory.

§ DXXX.

§ DXXX. SOMETIMES it becomes dangerous, when in such a degree, as wholly to prevent the patient from swallowing.

§ DXXXI. THE frequent and copious spitting of a viscid matter, usually relieves the patient, and operates as a sort of crisis to this disease.

§ DXXXII. IF one of the inflamed tonsils suppurates, the spontaneous or artificial opening of such an abscess, together with the purulent spitting soon dissipate the fever, and other symptoms.

§ DXXXIII. IF the inflammation of the throat is so extensive as to occasion a hard and considerable external swelling, which includes one of the parotids, and the submaxillary glands and muscles, on the same side; and this tumour should suppurate, the patient will run a risk of suffocation, by the sudden bursting of the abscess, if this happens internally.

§ DXXXIV.

§ DXXXIV. ALTHO' the angina should affect only the deglutition, yet if, from the beginning, the patient feels his strength much weakened, and has a quick, soft, weak, and unequal pulse, we distinguish that he has the ulcerated fore throat; a very dangerous disease.

§ DXXXV. THE sloughs, which soon appear on the tumid parts within the mouth, and the infectious breath of the patient, confirm this diagnostic.

§ DXXXVI. IF, in the course of this disease, the gangrenous inflammation extends to the larynx, and the patient's voice becomes shrill, we may despair of being able to save him.

§ DXXXVII. IF peripneumony is added to this complaint, the Prognostic will be still more dangerous; and, altho' the patient should not immediately perish, he will probably die hectic, from the effects of the disease. *Hip.* 304.

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DXXXVIII.

§ DXXXVIII. IT is in the flower of their age, between the ages of fifteen and thirty-six, that men are the most subject to hemopthysis. *Hip.* 305.

§ DXXXIX. IT is seldom mortal of itself. (* 39.) It is particularly alarming, however, on account of the pulmonary consumption, of which, it often lays the foundation. *Hip.* 306.

§ DXL. BUT the prudent, and experienced physician, will not be so easily alarmed by a spitting of blood, as men are in general. He will know how to discriminate the cases that are attended with danger.

§ DXLI. IF a patient of a delicate constitution, and who may be suspected to inherit a disposition to phthisis, spits up in coughing, pure, vermillion coloured and frothy blood, in a certain quantity, as a tea-cup full, for instance, or more, at once, or at different times; and, if at the the same time, there comes on a little
continued

continued remitting fever, the exacerbations of which, are marked by slight shivering, or merely by a coldness of the extremities; all such circumstances will be alarming. They will sufficiently indicate the hemophthisis to be the forerunner of pulmonary consumption; which we know to be an almost incurable disease. *Hip.* 307, 308, 309.

§ DXLII. BUT if the patient is of a good constitution, and free from hereditary disposition to phthisis; or if he coughs up only slight streaks of blood, mixed with his saliva, and has no fever, the case will threaten no disagreeable consequences.

§ DXLIII. IN mixed cases, the Prognostic will vary according as they participate more or less of the circumstances described in § DXLI, and of those mentioned in § DXLII.

§ DXLIV. THE absence, or the presence of fever, are the two most decisive

A a 2 circumstances

circumstances in the spitting of blood. However copious it may be, if there is no concomitant fever, we may flatter ourselves, that it will not be followed by phthisis.

§ DXLV. If, after the stoppage of hæmoptysis, the pulse becomes hard, and continues to be so, we may expect a return of the complaint.

§ DXLVI. It is about the age of forty, or forty-five years, that men become liable to apoplexy, and likewise to a paralytic distortion of the mouth, and to palsy of the tongue. *Hip.* 310.

§ DXLVII. APOPLEXY seldom attacks children, or young persons; but when it does, is constantly fatal.

§ DXLVIII. MEN are more subject to apoplexy than women.

§ DXLIX. PERSONS of a corpulent habit, are more liable to this attack than others.

others ; *Hip.* 311. and especially, if they are addicted to indolence, wine, and good living.

§ DL. If a person's father or mother died apoplectic, or paralytic, we have reason to fear, that he will likewise be subject to the same complaints, when advanced in life.

§ DLI. WHEN a man has experienced an attack of palsy or apoplexy, we may consider him as having a pre-disposition to these diseases, and may, therefore, expect that he will, one day or other, fall a victim to apoplexy, or to comatose fever.

§ DLII. If an adult, or one who is advanced in years, complains of a fixed pain in any part of his head; we may consider him as being threatened with apoplexy or palsy. (* 40.)

§ DLIII. NUMBNESS, and a pricking sensation in the limbs ; frequent vertigo ; sudden

sudden loss of memory ; momentary absence, do likewise, at that time of life, seem to threaten the same diseases. *Hip.* 312, 313.

§ DLIV. IF a man, who is more than fifty years of age, has an hemorrhage at the nose, it is likely he will be afterwards attacked with apoplexy.

§ DLV. VIOLENT apoplexy is fatal. Even in the slightest degree, it is dangerous ; *Hip.* 315, and altho' the patient should not die, it is to be feared he will remain paralytic.

§ DLVI. COMPLETE insensibility ; stertor ; *Hip.* 316 ; and inability to swallow, are the characteristics of violent apoplexy, which leave us no hopes of a cure. (* 41.)

§ DLVII. IT is a good sign, when a patient in apoplexy does not snore, that he is able to swallow whatever we put into his mouth, and that when pinched, or pricked,

pricked, he shews himself, by his motions, to be not wholly insensible of pain. It will likewise be a favourable sign, if fever comes on, and by its continuance removes all the symptoms of coma. The acute fever that takes place in these cases, is usually a comatose remitting fever; the Prognostic, which may be derived from what we formerly said. (§ CVI. & seq.)

§ DLVIII. But if, on the appearance and continuance of the fever, the symptoms of apoplexy increase instead of diminishing, we have reason to fear that the patient will die.

§ DLIX. If a patient, who has been previously weakened by a chronic disease, is attacked with apoplexy, his death is speedy and certain.

§ DLX. If we pinch, or prick the legs of a patient in a fit of apoplexy, and he draws up one, and not the other of them, the latter will be paralytic. The
same

same observation holds good as to his arms.

§ DLXI. WHEN, in the apoplexy, or in its usual succession, the hemiplegia, which is commonly accompanied in the beginning, with acute, remitting, comatose fever, the patient, in swallowing, is attacked with violent cough ; we know that this symptom is characteristic of a paralytic affection of the oesophagus, and therefore renders the Prognostic more unfavourable.

§ DLXII. THE fatality of the Prognostic, however, on these occasions, will be proportioned to the degree of this symptom. If the patient has only a slight cough, or does not cough every time he swallows, the disease does not threaten death ; but it will give us reason to foresee, that the palsy will be obstinate, and difficult to remove.

§ DLXIII. IF the oesophagus is so much affected, that all the liquor the patient attempts

attempts to swallow passes into the trachea, and excites a rattling noise, together with a sense of suffocation, we may expect soon to see him die.

§ DLXIV. WHEN a paralytic patient has convulsive motions, death is certainly at hand,

§ DLXV. THE Prognostic in small pox is not to be founded on the violence of the fever, or other symptoms previous to the eruption, unless, as very rarely happens, they are in so great a degree, as to threaten death before this event can take place. The most gentle, and the most acute, eruptive fevers, are indiscriminately followed by distinct or confluent small pox.

§ DLXVI. IT is of use, however, when the eruption takes place on the third or

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fourth

fourth day after the attack of fever, and when it proceeds rapidly, so that in twenty-four, or thirty-six, or forty-eight hours, it be compleat: that the number of pustules be inconsiderable, and that no new ones make their appearance after that period: that the belly and the breast be free or nearly free from them, and that the fever cease as soon as the eruption is over: that the pustules be of a rose colour, firm and elevated: that they increase rapidly in size, and begin to suppurate about the seventh or eighth day of the disease: that this suppuration be laudable, and that it be compleated within three or four days, without any other inconvenience than what is inseparable from pain occasioned by the suppuration: that at the height of the suppuration, each pustule be surrounded at its base, by a rose coloured circle: that if there be any fever during the suppurative process, it be moderate: that during the prelude, and the eruption, the belly be open, and the stools natural: that the patient be bound during

during the suppuration *: that each pustule in the face, when compleatly suppurated, change into a yellow crust, which afterwards becomes brown: that the pustules in other parts of the body instead of drying away, burst and discharge their contents. Such is the progress of the small pox, when it is of the mild and discreet kind.

§ DLXVII. If the eruption appears on the second day, we may expect a dangerous sort of small pox; but more so, if it breaks out on the first day, and especially if there appears, even at the beginning, an excessive quantity of pustules on the face; for this constitutes the mili-

* The author seems to fall into a mistake here; surely in every stage of the small pox, an open belly will be preferable to costiveness. It might agree with the old doctrine of coction, to wish to see the patient bound, while the matter was suppurating, but we now know that this can only add fuel to the disease, by promoting the absorption of putrid matter from the intestines. It is, therefore, of the greatest consequence, both in the distinct, and confluent small pox, that the body be kept gently open during the whole course of the disease.

ary small pox, which usually carries off the patient in a few days.

§ DLXVIII. THREE or four pustules are, indeed, sufficient to characterize the disease, but not to determine the term of the eruption, which is to be dated from the time we first saw pustules making their appearance.

§ DLXIX. THE more slowly the eruption descends from the face towards the feet, and the longer it is before it is compleated, the more dangerous will be the disease.

§ DLXX. ALL things being nearly equal in other respects, the danger will be nearly in proportion to the number of pustules.

§ DLXXI. IF the patient sneezes frequently during the eruption, we may be assured, that so long as this symptom continues, the eruption is not complete.

§ DLXXII.

§ DLXXII. If the mouth, and especially the oesophagus, are lined with pustules, which affect the voice of the patient, and prevent him from swallowing; and if, between the period of the eruption, and that of suppuration, the fever runs high, we may foretel great danger during the latter period.

§ DLXXIII. If, during the period of the eruption, the pustules occasion a violent, and continual itching; this may be considered as one of the signs that announce danger.

§ DLXXIV. This symptom becomes more unfavourable, if in so violent a degree, that the patient tears off the pustules, especially from his face, so that they ulcerate instead of coming to a laudable ulceration.

§ DLXXV. The danger will likewise be proportioned to the slowness, with which the suppuration goes on.

DLXXVI.

§ DLXXVI. THE Chrystaline small pox is usually very dangerous.

§ DLXXVII. THE warty kind, in which the pustules are firm and pale, is likewise, in general, fatal to the patient.

§ DLXXVIII. THE miliary small pox (§ DLXV11.) is likewise fatal, and quickly terminates in death.

§ DLXXIX. WE have every thing to fear in the event of the small pox, in which the pustules are flattened at their points, and of a purple colour.

§ DLXXX. PURPLE spots, dispersed between the intestines of the pustules, announce the most imminent danger.

§ DLXXXI. If, amongst the pustules, we observe some that are of a black colour, we may foretel the death of the patient.

§ DLXXXII.

§ DLXXXII. BLEEDING of the gums, hemophthisis, bloody urine, voiding of blood, by vomit or stool, and likewise bleeding at the nose, if in great quantity, and merely symptomatic, are all fatal. These hemorrhages are particularly observed in the small pox. (§ DLXXIX, et seq.)

§ DLXXXIII. ATRABILIOUS stools, or vomiting, are likewise fatal.

§ DLXXXIV. A copious, obstinate, and serous diarrhoea, announces the most pressing danger.

§ DLXXXV. THE sudden depression of the pustules, is usually the forerunner of death.

§ DLXXXVI. DELIRIUM, angina, difficulty of breathing, pain in the side, and, in a word, any other symptoms that denote the influence of the disease, on any of the viscera, do, at all times, in the course of the small pox, announce the most pressing
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sing danger; and are altogether fatal, if preceded, and accompanied by a depression of the pustules.

§ DLXXXVII. It is of use in the confluent small pox, for the face to swell considerably, during the suppurative period, and then, going off gradually, to be succeeded by a similar swelling of the hands and feet; and for the patient, if an adult, to have a copious salivation at the same time.

§ DLXXXVIII. But if the swelling of the parts I have mentioned, does not take place in due time, or if, when it is once established, it suddenly goes off, and that the patient's countenance, instead of being animated, is of a pale, or livid colour, we have reason to fear, that death is at hand; a sudden, and total suppression of the salivation, is attended with similar danger.

§ DLXXXIX.

§ DLXXXIX. THE suppuration being completed, it is a favourable sign if the fever, that accompanied it, ceases at the same time. If it continues after this period, and more especially if it increases, we may consider the patient, as being not yet out of danger.

§ DXC. ALTHO' the disease has been mild, and the pustules of the most distinct, and favourable kind; yet, when the suppuration is over, if they dry up in great haste, without pouring out their pus; we have reason to fear some disagreeable secondary disease, such as troublesome boils; or apthelmia, that may be fatal to the sight; or an affection of the breast, and slow fever. The danger, on these occasions, will be proportioned to the number of pustules the patient had.

§ DXCI. If we open the pustules before they are perfectly ripe, that is, before the circular inflammation at their base, is perfectly effaced, they will be

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filled

filled again with matter, and thus we shall renew the sufferings of the patient.

§ DXCII. THE Prognostic, in the measles, is to be derived, neither from the quality of the eruption, nor from the time of its appearance, or retrocession; but wholly from the symptoms of the disease, and particularly from those, which denote the breast to be more or less affected.

§ DXCIII. IT seldom brings the patient into considerable danger, tho' it often leaves impressions on the breast, and throat, that are more or less alarming;

ing; and sometimes it leaves behind it very obstinate ophthalmia*.

* HOWEVER slight the measles may be in their attack in Languedoc, it is certain that, in this country, they are very often a dangerous and fatal disease. Morton relates, that in the autumn of 1672, the measles carried off three hundred persons every week.—I am aware that a late writer, in the Medical Observations and Inq. has doubted the truth of this, and has been led, from a zealous admiration of Dr. Sydenham, to suspect that Morton's was a hear-say account; but as his defence amounts only to a supposition, it does not seem to overturn the validity of Morton's assertion.—Dr. Mead relates, that he had seen the measles rage with so much violence in London, as to prove more fatal than the small pox. The measles are likewise very often complicated with other diseases. Sidobre, Macbride, and others, have seen them combined with small pox.—They will partake of the remitting marsh fever, or of any other prevailing epidemic, and their danger will thereby be more or less increased.—The following account of the Prognosis in the measles, which is taken from a late dissertation on the subject, will, I flatter myself, not be improperly introduced here. “ In Rubeola, quæ alioquin ordinis boni est, quædam tamen haud lætum eventum denunciant. Ita tussis, si perpetua, crebra & vehemens est, si cum alvo præcipite & inquietudine conjungitur, haud vacat periculo; in Peripneumoniam, pulmonis suppurationem, & Phtisim quandoque desinens & sic exitium ferens. Adeoque hoc verum est, ut non tam a Rubeola quam ab hac Peripneumonia symptomatica illam subsequente, metuendum sit, diu in ore Medentium fuerit. Certe quo tempore administratio per calorem invaluit, hic frequentissimus Rubeolæ finis non esse non potuit. Sanguinis quoque profusiones malæ sunt;

neque sudores largi, boni. Quasdam quoque notas eruptio dat. Quæ, si post quartum aut quintum morbi diem apparet; si, ante justum tempus & subito, evanescit, nec mature restituitur; si papulas rubere desinentes, maculisve purpureis misceri coepta, exhibet, etiam sola, magisque, cum quibusdam notis febrilibus mox memorandis, conjuncta, pro certo mala, sæpe perniciofa est. Postremo, hæc febrilia, magnus capitis & oculorum dolor, inquietudo magna, delirium & extremorum artuum frigus, etiamque devorandi difficultas, malam morbi naturam, eoque haud bonum finem indicant.

“ Contra, ubi illa malæ notæ signa absunt, ubi neque tussis gravior est, neque febris mala, periculi minimum esse solet. Et licet sanguis immodicè profusus mali ominis esse dictus sit, tamen e naribus ejus stillicidium judicatorium esse, tussis sublevata, febrisque & alia symptomata lenita, argumento sunt.”
Disputatio Med. Inaug. de Rubeola; Auctore, Samuele Foart Simmons. Lugd. Bat. 1776, 4to.

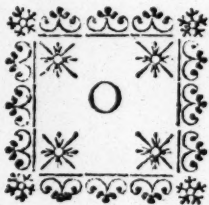




DE PRÆSAGIENDA
in acutis vitâ & morte ægrotan-
tium, selectæ Hippocratis sen-
tentia.



PRÆFATIO.

§ I.  PER Æ pretium mihi fac-
turus Medicus videtur, si
ad providentiam sibi com-
parandam, omne studium
adhibeat. Cum namque præsenferit,
& prædixerit apud ægrotos, tum præ-
sentia, tum præterita, tum futura,
quæque ægri omittunt, exposuerit; res
utique

utique ægrotantium magis agnoscere credetur: adeò ut majore cum fiduciâ sese homines medico committere audeant. Curandi verò rationem optimè molietur, si ex præsentibus affectionibus futura prænoverit. Neque enim fieri potest, ut omnes ægroti sanitatem assequantur. Hoc nempè longè præstantius foret, quàm futurorum consecutionem prænoscere. Quandoquidem verò quidam vi morbi intereunt, priusquàm Medicum accersant; quidam etiam vocato Medico confestim, partim quidem unum diem, partim etiam paulò diutùs vitam trahentes mortui sunt, priusquàm Medicus arte suâ singulis morbis viriliter se opponere possit. Proindè ubi talium affectionum naturam, quantùm scilicet vires corporis superant, cognoverit; simulque & si quid divini in morbis inest; hujus quoque providentiam ediscere oportet. Hac enim ratione, meritò sibi admirationem, & boni Medici existimationem conciliaverit. Qui namque morbo superiores esse possunt, eos utique longè rectiùs conservaverit, ex longo antea intervallo ad singula consili-
um

um dirigens; tum etiam morituros, ubi prænoverit, & prædixerit, extra culpam, positus erit. *Prænot. 1.*

§ II. ATQUE hæc scribo de morbis acutis & de his qui ab his oriuntur. *Ibid. 153.*

§ III. QUI verò superfuturos ex morbo, & morituros, eosque quibus pluribus diebus, & quibus paucioribus perseverabit morbus, rectè prænoscere volet, is intelligentiâ comprehensam omnium signorum doctrinam, æstimare debet, & eorum vires inter se collatas ratione expendere, velut scriptum est. *Ibid. 154.*

§ IV. QUIN etiam morborum semper vulgariter grassantium impetum, & tempestatis conditionem, cito animo concipere oportet. *Ibid. 155.*

§ V. ATQUI quod ad proprias cujusque rei notas, & reliqua signa attinet, probè nosse, minimèque ignorare convenit, quod quovis anno, & quovis anni tempore,
mala

mala malum, & bona bonum denunciant. Quandoquidem & in Lybiâ, & in Delo, & in Scythiâ prædicta signa vera esse comprobantur. *Ibid.* 156.

§ VI. NEQUE verò est, quod ulliûs morbi nomen, quod hic adscriptum non sit, desideres. Omnes etenim, qui prædictis temporibus judicantur, ex iisdem signis cognosces. *Ibid.* 158.

§ VII. MORBORUM acutorum prædictiones non omnino certæ sunt nec vitæ nec interitûs. *Aph.* II. 19.

§ VIII. QUOD si quis me audiat, is quàm prudentissimè, & consultissimè tum in cæterâ arte, tum in prædictis hujusmodi, se geret, probè intelligens, qui prædictionis successum consecutus sit, apud prudentem ægrum admirationi fore, qui verò deerraverit, præterquam quod odio gravabitur, eum ne infaniæ quidem suspensionem effugere posse. *Prædict.* Lib. II. 6.

Ex Decubitu.

§ IX. AT ægrum à Medico in latus dextrum, aut sinistrum recumbentem deprehendi oportet, manibusque & cervice, ac cruribus paulùm reductis, totoque corpore molliter posito. Hic enim ferè fani jacentis est decubitus. Is autem habetur optimus, qui benevalentium similis est. *Prænot. 8.*

§ X. SUPINUM verò jacere, manibus, cervice, & cruribus porrectis minus bonum. *Ibid. 9.*

§ XI. QUOD si pronus ad pedes de lecto delabatur, magis formidandum. *Ibid. 10.*

§ XII. UBI verò pedes nudos, neque admodum calidos habere comperietur, & manus, cervicem, & crura inæqualiter dispersa, & nuda, malum. Anxietatem enim indicat. *Ibid. 11.*

§ XIII. TRITÆOPHYÆ febres cum jactatione, malignæ. *Coac.* 33.

§ XIV. IN acutis exudantes tenuiter & anxii, malum. *Ibid.* 53.

§ XV. QUI abs re nec ullâ exhausti ratione languent, malum. *Ibid.* 54.

Ex Facie.

§ XVI. IN morbis autem acutis, in primis quidem ægroti facies sic in considerationem adhibenda, sit ne benevalentium, præcipuèque sui ipsius similis. Ita enim optima existimanda. Quæ verò ab eâ plurimùm recedit, gravissimum periculum portendit: qualis fuerit nasus acutus, oculi concavi, collapsa tempora, aures frigidæ & contractæ imisque suis fibris inversæ, cutis circa frontem dura, intenta & resiccata, & totius faciei color ex viridi pallescens, aut etiam niger, aut lividus, aut plumbeus. *Prænot.* 2.

§ XVII.

§ XVII. ITAQUE si per initia morbi, ejusmodi facies fuerit, neque adhuc ex aliis signis conjicere potueris; interrogare convenit, num æger vigilaverit, aut alvus admodum liquida fuerit, aut eum inedia aliqua oppresserit. Quod si quid horum fateatur, minus formidandum esse existimandum. Dijudicantur autem ista, die ac nocte, si ex his causis ejusmodi facies fuerit. At si nihil horum præcessisse dixerit, neque intra dictum tempus ad pristinum statum redierit, in propinquo mortem esse sciendum est. Si verò vetustiore jam morbo, aut triduo, aut quatri-duo, talis facies extiterit, inquirenda ea sunt, de quibus antea præcepi. *Ibid.* 3.

§ XVIII. ET reliqua signa, tum ex universâ facie, tum ex corpore & oculis, in considerationem adhibenda. Si namque lucem refugiunt, aut illachrymant præter voluntatem; aut pervertuntur, aut alter ex iis minor fit; aut quæ in iis alba esse debent, rubescunt; aut in iisdem venulæ livescunt, aut nigricant; aut lippientium oculorum sordes, circa eorum aciem ap-
D d 2 pareant;

pareant; aut etiam assiduè mobiles, aut tumidi, aut vehementer cavi fuerint; aut eorum aspectus squalidus, & minimè lucidus; aut totius faciei color immutatus: hæc omnia mala, perniciosaque existimanda. *Ibid.* 4.

§ XIX. QUIN etiam per somnum, an ex oculis aliquid subappareat, spectare oportet. Ubi namque non commissis palpebris, ex albo quid subapparet: id si neque alvi profluvium, neque medicamentum purgans expressit, neque ita dormire consueverit æger, pravam est indicium, & lethale admodum. *Ibid.* 5.

§ XX. QUOD si pervertatur aut corrumpatur palpebra, aut livescat, aut palle scat, itemque labrum, aut nasus, cum alio aliquo signo, mortem in propinquo esse sciendum est. *Ibid.* 6. Ubi livores in febre fiunt, propè affore mors significatur. *Coac.* 66,

§ XXI.

§ XXI. LETHALE quoque, labra resoluta, pendentia, frigida, & exalbida esse. *Prænot.* 7.

§ XXII. QUIBUS jam morbo fractis videndi facultas audiendique perit, aut etiam labiorum, palpebrarum, vel narium perversio cernitur, mors instat. *Coac.* 72. *eadem ferè Aph.* IV. 49. VII. 73.

Ex Hypochondriis.

§ XXIII. HYPOCHONDRIUM optimum quidem, quod dolore vacat molle est & æquale, tum dextrâ, tum sinistrâ parte. *Præn.* 29.

§ XXIV. QUIBUS hypochondria elevata, murmurantia: dolore lumborum superveniente, his alvi humectantur: nisi flatus eruperint, aut urinæ copia prodierit. *Aph.* IV. 73.

§ XXV.

§ XXV. IN febribus alvo inflatâ, si flatus liberum exitum non habeat, malum. *Coac.* 44.

§ XXVI. INFLAMMATUM verò, aut dolens, aut intentum, aut inæqualiter affectum, dextrâ parte ad sinistram, hæc omnia animadvertere oportet. *Præn.* 30.

§ XXVII. QUOD si etiam pulsus infit in hypochondrio; perturbationem aut delirium indicat: verum etiam eorum oculos intueri oportet. Si namque crebro moveantur, insania expectanda est. *Ibid.* 31.

§ XXVIII. Ex hypochondriorum dolore febres malignæ, quod si & sopor accesserit pessimum. *Coac.* 31.

§ XXIX. IN febribus acutis convulsiones, & circa viscera dolores vehementes, malum. *Aph.* IV. 66.

§ XXX.

§ XXX. Ex dolore ventris crudeli causus lethalis. *Coac.* 130.

§ XXXI. Tumor autem in hypochondrio durus & dolens pessimus quidem, ubi totem occupat hypochondrium. Sin verò alteram partem, minore cum periculo finistram. *Præn.* 32.

§ XXXII. Hujusmodi autem tumores, circa principia quidem mortem brevi affore indicant. Quod si neque intra vigesimum diem febris quiescat, neque tumor subsidat, ad suppurationem res vertitur. *Ibid.* 33.

§ XXXIII. His autem primo circuitu etiam sanguinis è naribus fluxus contingit, valdèque juvat. Verum eos interrogare oportet, num capite doleant, aut obtusam oculorum aciem sentiant. Quod si quid ex his accidat, eo rem tendere sciendum. In junioribus tamen neque dum trigesimum quintum annum attingentibus, sanguinis eruptio magis expectanda est. *Ibid.* 34.

§ XXXIV.

§ XXXIV. MOLLES autem tumores & doloris expertes, digitisque cedentes, longiores judicationes faciunt, illisque minus graves sunt. Quod si intra dies sexaginta, neque febris cesset, neque tumor subsidat, fore suppurationem hoc loco, & reliquo ventre eodem modo significat. *Ibid.* 35.

§ XXXV. ALVI durities cum dolore conjunctâ & cibi fastidio, si alvo parcè ductâ non expurgetur, in suppuratum vertetur. *Coac.* 303.

§ XXXVI. ITAQUE tumores dolentes, duri & magni, periculum mortis intra paucos dies affore significant: molles verò & minimè dolentes, quique digito pressi cedunt, illis diuturniores esse solent. *Præn.* 36.

§ XXXVII. MINUS verò abscedunt qui in ventre oriunter tumores, minimè verò qui infra umbilicum; sed ex superioribus locis, sanguinis eruptio maximè expectanda est. *Ibid.* 37.

§ XXXVIII.

§ XXXVIII. LONGORUM verò omnium in his regionibus tumorum, suppurationes in considerationem adhibendæ. Suppurationum autem quæ indè proveniunt, ea observatio facienda est. Quæ quidem foras vertuntur, optimæ sunt, ubi parvæ sunt, & quam maximè foras feruntur, & in acutum tendunt. *Ibid.* 38.

§ XXXIX. PESSIMÆ verò quæ magnæ sunt, & latæ, minimèque in mucronem attolluntur. *Ibid.* 39.

§ XL. At quæ intro rumpuntur, optimæ, ubi nihil cum externâ sede communicant, in sese contrahuntur, nullo dolore afficiunt, totaque regio externa unius coloris apparet. *Ibid.* 40.

§ XLI. HYPOCHONDRIORUM verò dolores, & tumores recentes quidem, & sine inflammatione, murmur solvit in hypochondrio exortum, idque potissimum, si cum stercore urinâ & flatu prodierit. Alioqui ubi ipsum per se transmissum
E e fuerit,

fuerit, juvat; idque magis si ad inferiores sedes descenderit. *Ibid.* 69.

§ XLII. FLATUM autem sine sonitu quidem ac crepitu exire, optimum. Præstat tamen cum strepitu prodire, quam isthic revolvi. At qui eo modò prodit, ægrum aliquo dolore vexari, aut delirare indicat, nisi æger suâ sponte hoc modò flatum emiserit. *Ibid.* 68.

§ XLIII. HYDROPEs verò qui ex acutis morbis oriuntur, omnes mali. Nam neque febre liberant, vehementes dolores excitant, & lethales sunt. *Ibid.* 42.

§ XLIV. In febribus circa ventrem æstus vehemens, & oris ventriculi dolor, malum. *Aph.* IV. 65.

§ XLV. A cardialagiâ cum torminibus ventris feræ prorumpunt. *Coact.* 285.

Ex Respiratione.

§ XLVI. Facile autem spirare, valdè magnum ad salutem momentum existimandum, cum in omnibus morbis acutis, quibus febris conjuncta est, tum in his, qui intra dies quadraginta judicantur. *Præn. 21.*

§ XLVII. SPIRITUS frequens dolorem, aut inflammationem, in locis septo transverso superioribus, indicat. *Ibid. 18.*

§ XLVIII. Qui verò magnus inspiratur, & ex magno intervallo, delirium, *Ibid. 19.*

§ XLIX. At frigidus ex naribus, & ore expiratus, exitialis admodum jam est, *Ibid. 20.*

§ L. LETHALIS etiam est æstuosus & fuliginosus: minùs tamen quàm frigidus. Spiritus verò magnus foras efflatus intro parvus, & contra foras parvus intro mag-

nus, pessimus est, & morti proximus. Quin etiam tardus, velox, obscurus, duplex intro revocatus; qualis cernitur in iis qui super inspirant. *Coac.* 260

§ LI. IN febribus, spiritus offendens, malum. Convulsionem enim significat. *Aph.* IV. 68. *idem. coac.* 277.

§ LII. IN acutis affectionibus, quæ cum febre fiunt luctuosæ respirationes, malum. *Aph.* VI. 54.

§ LIII. QUOD si dum morbus viget ægrotus velit residere hoc in omnibus acutis malum, in pulmonibus verò pessimum. *Præn.* 14.

§ LIV. SI febre detento, tumore non existente in faucibus, suffocatio de repente contingat, lethale est. *Aph.* IV. 34.

§ LV. CAPITIS dolores vehementes, ac continentes cum febre, aliquo quidem ex signis lethalibus accedente, admodum exitiales.

itiales. Quod si sine signis ejusmodi, dolor vigesimum diem superet, & febris detineat, sanguinis ex naribus eruptionem, aut alium quemdam abscessum ad inferiores sedes expectare oportet. Verum quoad dolor recens fuerit, eodem modò sanguinis ex naribus eruptionem, aut suppurationem expectare convenit, cum aliàs, tum si dolor circa tempora & frontem affuerit. At sanguinis eruptio magis expectanda venit in his, qui nundum quintum & trigesimum annum attigerunt. In senioribus verò suppuratio. *Prænot.* 129.

§ LVI. CAPUT dolenti, & vehementer laboranti, pus aut aqua, aut sanguis per nares, os, aut aures effluens, morbum solvit. *Aph.* VI. 10.

Ex Delirio.

§ LVII. IN quovis morbo valere ratione, & rectè se ad ea quæ offeruntur habere,

habere, bonum. Contrarium verò, malum. *Aph.* II. 33.

§ LVIII. IN acutis rectus oculorum intuitus ac motûs pernitas, somnus turbulentus, pervigilium, interdumque sanguinis è naribus stillatio, nihil boni denunciant. *Coac.* 227.

§ LIX. IN febribus ardentibus aurium tinnitus, visûs hebetudo, narium gravitas, in delirium præcipitant, nisi sanguis è naribus proruperit. *Ibid.* 131.

§ LX. FACERE aliquid præter consuetudinem, velut instituere, velleque ea quæ priùs non consueverat, aut contrarium iis quæ fuerant consueta, malum & dementiæ proximum. *Coac.* 47.

§ LXI. SCREATIO frequens. si quod aliud signum accesserit phrenitidis nuncia. *Ibid.* 244.

§ LXII. IN cephalagiâ, vomitus æruginosi, cum surditate, & somni vacuitate,

tate, infaniam brevi denunciant. *Ibid.*
169.

§ LXIII. QUIBUS pellucidæ & albæ
funt urinæ, malum. Maximè verò
tales in phreneticis apparent. *Aph.*
IV. 72.

§ LXIV. IN ventrem jacere ei qui per
bonam valetudinem ita dormire minimè
confuevit, delirium, aut partium circa
ventrem dolorem arguit. *Præn.* 13.

§ LXV. AB homine moderato ferox re-
sponſio, & vox acuta, malum portendunt.
Coac. 51.

§ LXVI. FLATUM absque ſono & ſtre-
pitu trajici per inferiora, optimum. Me-
liùs autem fuerit ipſum cum ſono tranſire
quàm ſurſum revolvi: quamvis ita tra-
jectus denunciet indè vexari hominem,
aut delirare; niſi prudens ac ſciens talem
flatûs exitum moliatur. *Præn.* 68.

§ LXVII.

§ LXVII. DELIRIA quæ cum risu fiunt, tutiora. Quæ vero studio adhibito, periculosiora. *Aph.* VI. 53.

§ LXVIII. QUICUMQUE supra quadraginta annos phrenetici fiunt, non ita valdè sani evadunt. Minus enim periclitantur quorum naturæ & ætati morbus magis affinis fuerit. *Ibid.* VIII. 91.

§ LXIX. UBI delirium somnus sedaverit, bonum. *Aph.* II. 2.

§ LXX. PHRÆNETICI parum bibunt, ex levi strepitu facilè irritantur, tremuli sunt, & facilè convelluntur. *Coac.* 96.

§ LXXI. CONTREMISCERE simul ac stultè palpare manibus, phreneticum. *Coac.* 76.

§ LXXII. DE manuum motione ita cenfeo: in febribus acutis, aut pulmonum inflammationibus, aut phrenitide, aut capitis doloribus, quibus ante faciem feruntur, & aliquid frustra venantur, & festu-

fēstucas colligunt, aut floccos à vestibis evellunt, & ex pariete paleas carpunt; ex his omnibus malum & mortem portendi. *Præn.* 17.

§ LXXIII. QUI cum silentio, nec tamen aphoni, à potestate mentis exeunt; lethale. *Coac.* 65.

§ LXXIV. QUÆ circa res necessarias versantur deliria, pessima: indèque si ingravescant mortifera. *Coac.* 98.

§ LXXV. QUI ad manum exiliunt, malo sunt loco. *Coac.* 59.

§ LXXVI. CERVICIS dolor cum in omni febre terrificus, tum verò mortiferus iis qui sunt in metu infantiæ. *Ibid.* 273.

§ LXXVII. QUIBUS jam desperatis levis tremor incidit & æruginosa vomitio, mors propè est. *Ibid.* 62.

§ LXXVIII. EGREGIE phreniticorum tremores citam mortem denunciant. *Ibid.* 97.

§ LXXIX. DENTIUM collisio aut stridor præterconsuetudinem à teneris contractam, infaniam, ac mortem denunciant. Quod si jam deliranti id accadat, prorsus lethale. Quin & dentes resiccari perniciem denotat. *Ibid.* 235.

§ LXXX. DELIRIA cum fixâ virium exolutione, funesta. *Ibid.* 100.

§ LXXXI. CREBRÆ in phreneticis cum perfrictione sputationes nigrorum vomitionem prænunciant. *Ibid.* 102.

Oblivio insensibilitas.

§ LXXXII. A RIGORE familiares non agnoscere, malum. Oblivio item mala. *Coac.* 6.

§ LXXXIII.

§ LXXXIII. QUI aliquâ corporis parte dolentes, ferè dolorem non sentiunt ; iis mens ægrotat. *Aph.* II. 6.

§ LXXXIV. OMNINO malum denunciat quæ in acutâ febre immeritò fitis extincta est. *Coac.* 58.

§ LXXXV. EXITIOSA alvi dejectio quæ sensum ægri fallit. *Coac.* 631.

§ LXXXVI. PERNICIOSA est urina quæ inscio ægro redditur. *Coac.* 580.

§ LXXXVII. QUIBUSCUMQUE in ægritudinibus oculi ex voluntate lacrymantur, bonum. Quibus verò citra voluntatem, malum. *Aph.* IV. 52. VII. 81.

Somnus vigilia.

§ LXXXVIII. Noctu dormiendum, vigilandum interdiù. *Præn.* 53. Pessimum verò si neque noctu dormiat, neque interdiù. Nam aut ob dolorem vigilia adest,

adeſt, aut delirii affuturi hæc eſt nota.
Ibid. 56.

§ LXXXIX. Quo in morbo ſomnus
noxam affert lethale. Si verò ſomnus
proſit, minimè lethale. *Aph.* II. 1.

§ XC. In vigiliâ convulſio aut delirium,
malum. *Aph.* II. 3. VII. 18.

Ex ſoporofis affectibus.

§ XCI. A N ſopor ubique malum.
Coac. 178.

§ XCII. APOPLEXIA repente oborta
ſolubilis, feбри diuturnæ ſuperveniens
mortifera. *Ibid.* 480.

§ XCIII. Si quis in febre fandi ſit im-
potens: malo eſt loco. *Ibid.* 34.

§ XCIV. QUÆ cum exolutione ſoporosâ
fiunt aphonix: lethales. *Ibid.* 250.

§ XCV.

§ XCV. Vocis defectio unà cum viri-
um exolutione, pessima. *Ibid.* 245.

§ XCVI. SOMNI veterinosi, unàque al-
fiosi, mortiferi. *Coac.* 181.

§ XCVII. PAROTIDES symptomaticæ
pravæ paraplecticis. *Ibid.* 202.

§ XCVIII. QUI ex dolore fiunt aphonî,
crudeliter moriuntur. *Ibid.* 249.

§ XCIX. QUI dormiendo efflant, ac
projectos artus aut etiam retractos osten-
dunt, conniventque oculis; malo sunt
loco. *Coac.* 64.

§ C. QUI ex lethargo evadunt, magnâ
ex parte suppurantur. *Ibid.* 140.

Ex affectionibus convulsivis.

§ CI. QUÆ cadunt in hystericas sine
febre convulsiones, faciles. *Coac.* 349.

§ CII.

adeſt, aut delirii affuturi hæc eſt nota.
Ibid. 56.

§ LXXXIX. Quo in morbo ſomnus
noxam affert lethale. Si verò ſomnus
proſit, minimè lethale. *Aph.* II. 1.

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ſolubilis, febrî diuturnæ ſuperveniens
mortifera. *Ibid.* 480.

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potens: malo eſt loco. *Ibid.* 34.

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fiunt aphonix: lethales. *Ibid.* 250.

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fiosi, mortiferi. *Coac.* 181.

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dunt, conniventque oculis; malo sunt
loco. *Coac.* 64.

§ C. QUI ex lethargo evadunt, magnâ
ex parte suppurantur. *Ibid.* 140.

Ex affectionibus convulsivis.

§ CI. QUÆ cadunt in hystericas sine
febre convulsiones, faciles. *Coac.* 349.

§ CII.

§ CII. QUIBUS oculi scintillant valde intenti, nec sunt apud se, & convelluntur. *Ibid.* 351.

§ CIII. PUERULIS convulsiones incidunt, si febris acuta fuerit, alvus clausa, somni sint expertes, & terreantur & ejularint, tum etiam si colorem mutant, ac pallido, vel livido, aut etiam rubro suffundantur. Hæ (convulsiones) facilè incidunt puerulis nuper natis, ad septimum ætatis annum. At grandiores pueri, & viri non adeò per febres convulsionibus prehenduntur, nisi vehementissimum ac pessimum aliquod signum ex his quæ in phrenetide fieri solent affuerit. *Præn.* 151, 152. Eadem ferè. *Coac.* 109.

§ CIV. FEBREM convulsioni supervenire fatiùs est, quam feбри convulsionem. *Aph.* II. 26.

§ CV. SPASMO aut tetano vexato febris si accesserit, morbum solvit. *Aph.* IV. 57.

§ CVI.

§ CVI. CONVULSIONEM & nervorum distentionem superveniens febris solvit. *Coac.* 354.

§ CVII. CONVULSIO febris superveniens funesta : minimum verò puerulis. *Ibid.* 356.

§ CVIII. QUI septem annis provectiores sunt, convulsione non tentantur in febre. Sin autem desperati. *Ibid.* 357.

§ CIX. SI febre detento collum repente obversum fuerit, & vix deglutire potuerit, tumore non existente in faucibus ; lethale. *Aph.* IV. 35.

§ CX. CONVULSIONES cum febre acutâ, funestæ. *Coac.* 269.

§ CXI. CUM opisthono rigor necat. *Coac.* 23.

§ CXII. FAUCES valdè dolentes & æquales cum jactatione, crudeliter & citò mortiferæ. *Coac.* 265.

§ CXIII.

§ CXIII. FAUCIUM dolor prægrandis parotides & convulsiones facit, atque cervicis & dorsi dolores. *Coac.* 268.

§ CXIV. CERVICIS duritas & dolor prægrandis, maxillarum item connexio, venarum jugularium pulsus fortis, unàque tendinum contentio; hæc sunt mortifera. *Ibid.* 261.

§ CXV. DENTIUM collisio aut flridor præter consuetudinem. *Vid. supra* 79.

§ CXVI. CONVULSIO ab elleboro lethalis. *Aph.* V. 1.

§ CXVII. CONVULSIO vulnere superveniens, lethalis. *Ibid.* 2.

§ CXVIII. A COPIOSO sanguinis fluxu singultus aut convulsio, malum. *Ibid.* 3.

§ CXIX. A PURGATIONE immodicâ convulsio aut singultus, malum. *Ibid.* 4.

§ CXX.

§ CXX. IN fluxu muliebri convulsio
& animi deliquium si accedat, malum.
Ibid. 56.

§ CXXI. A vomitu singultus & oculi
rubicundi, malum. *Aph.* VII. 3.

§ CXXII. INFLAMMATIONI hepatis, sin-
gultus si supervenerit, malum. *Ibid.* 17.

§ CXXIII. QUI tetano corripuntur in-
tra quatuor dies intereunt, si verò hos ef-
fugerint fani evadunt. *Aph.* V. 6.

Ex Surditate.

§ CXXIV. IN acutis obsurdescere, fu-
riosum. *Coac.* 196.

§ CXXV. IN acutis & turbulentis mor-
bis obveniens surditas, malum. *Ibid.* 190.

§ CXXVI. GRAVI surditate tentati,
dum aliquidprehendunt tremuli, linguæ

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reso-

resolutione, ac torpore affecti, malè habere judicantur. *Coac.* 197.

Solutiones morborum acutorum spontaneæ.

§ CXXVII. At verò morbi acuti, judicantur sanguine è naribus tempestivâ crisi prorumpente, sudore item multo, atque purulentâ urinâ & vitreâ laudabili predictâ hypostasi, quæ cumulatim funditur, tum abscessu etiam memorabili, nec non mucosâ & cruentâ alvo repentè citatâ, postremò vomitionibus minimè malis in crisi. *Coac.* 150.

Ex Vomitu.

§ CXXVIII. Si quis in febre non lethali dixerit sibi caput dolere, aut oculorum aciem caligine quâdam perstringi, & stomachi dolor accesserit, tum vomitio aderit. Si verò etiam rigor accesserit, & inferiores

inferiores hypochondrii partes frigidas habuerit, adhuc citius evomet. *Præn.* 144.

§ CXXIX. Qui vomituri sunt, prius illi salivant. *Coac.* 566.

§ CXXX. Si cui (febricitanti) inquietudines, cordis morfus, & crebra sputatio: in procinctu vomitio est. *Ibid.* 142.

§ CXXXI. Vomitus per quam utilis est qui pituita & bile permixtus est, nec admodum crassus, nec multus. Nam meraciores peiores sunt. Sin autem id quod vomitione excluditur, aut porraceum sit, aut lividum, aut nigrum; quamcumque horum colorum speciem referat, in pravis habere oportet. Quod si omnes illos colores idem homo vomitione exhibeat: valde quidem id lethale est. Sed mortem in propinquo esse significat lividus ille vomitus qui tetrum odorem spirat. Nam omnes sub putridi & graveolentes odores in iis omnibus quæ vomitu rejiciuntur, mali sunt. *Præn.* 81, 2, 83, 84, 85.

§ CXXXII. MORBIS quibus vis incipientibus, si atrabilis suprâ infrâve exierit lethale. *Aph. IV. 22.*

§ CXXXIII. BILIS vomitus vulnere succedens, malum denunciat, præcipuèque in capitis vulneribus. *Coac. 507.*

§ CXXXIV. QUI cum anxietate citra vomitum exacerbantur, malum. Tum quos laceffit nausea sine vomitu. *Coac. 557.*

§ CXXXV. VOMITIONES exiguæ, bili-
osæ, malum: tum præcipuè si pervigilio
conflictentur ægri. *Ibid. 558.*

§ CXXXVI. IN meris vomitionibus le-
thalis singultus, item convulsio. Simili-
ter & in purgationum excessu quem infe-
runt medicamenta. *Ibid. 565.*

Ex alvi dejectione.

§ CXXXVII. ALVI dejectio optima, si
mollis est & consistat, eoque tempore quo
per sanitatem dejici solet: copiâ verò ci-
borum

borum ingestorum rationi responderit. Talis enim exitus inferiorem alvum benè valere declarat. *Præn. 57.*

§ CXXXVIII. QUOD si liquida fuerit consentaneum est ipsam neque stridere, neque paucum & crebro excerni. Frequens enim desidendi labor ægrum fatigat, eique vigilias adfert. *Ibid. 58.*

§ CXXXIX. QUOD si affatim & sæpè dejicit, periculum est ne in animi deliquium incidat. *Ibid. 59.*

§ CXL. CRASSIOREM fieri dejectionem oportet, morbo ad crisim properante. *Ibid. 61.*

§ CXLI. SIT etiam subrusa, nec admodum graveolens. *Ibid.*

§ CXLII. EXPEDIT etiam lumbricos teretes unà cum excrementis alvi descendere, morbo ad crisim properante. *Ibid. 62.*

§ CXLIII.

§ CXLIII. Valdè aquosa, aut alba, aut pallida, aut prærubra, aut spumans, calamitosa. *Ibid.* 64.

§ CXLIV. MALA etiam quæ exigua, glutinosa, subflava & æqualis existit. *Ibid.* 65.

§ CXLV. His verò magis funesta quæ nigra, aut pinguis, aut livida, aut æruginosa, aut graveolens. *Ibid.* 66.

§ CXLVI. Qui nigra egerunt, frigidum illi exudant. *Coac.* 618.

§ CXLVII. DEJECTIONES variæ majorem quam illæ diuturnitatis spem afferunt, sed tamen non minus sunt funestæ: hujusmodi sunt strigmentosæ, biliosæ, cruentæ, porraceæ, & nigrae, siue secedant simul, siue aliæ post alias. *Præn.* 67.

§ CXLVIII. IN febre ardente si alvus profuse feratur, mortiferum. *Coac.* 129.

§ CXLIX.

§ CXLIX. LIQUIDA frequensque de-
jectio, five multa, five pauca, malum;
hæc enim vigilias, illa etiam virium exo-
lutionem parit. *Coac.* 609.

§ CL. DYSENTERIA, si ab atrabile in-
ceperit, lethalis. *Aph.* IV. 24.

§ CLI. Si à dysenteriâ occupato veluti
carnes subierint, lethale. *Ibid.* 26.

§ CLII. SANGUINEM superne quidem
ferri qualiscumque sit, malum: inferne
verò niger si dejiciatur, bonum. *Ibid.* 25.

§ CLIII. SANGUIS sincerus alvo per
secessum rejectus, malo est: præsertim si
dolor aliquis adsit. *Coac.* 605.

§ CLIV. A SUPPRESSIONE alvi, meteo-
rismus hypochondriorum gravis: max-
imè verò iis qui ab inveteratione tabes-
cunt, & quibus alvi profusè ferebantur.
Coac. 301.

§ CLV.

§ CLV. IN iis qui longo tempore consumpti sunt, temeraria alvi exolutio unà cum vocis defectione & tremore, lethalis. *Ibid.* 634.

Ex Urinis.

§ CLVI. URINA optima est, ubi & alba hypostasis & lævis & æqualis per omne tempus, quoad morbus judicatus fuerit. Talis enim ad securitatem & brevitatem morbi præclare apparet. *Præn.* 70.

§ CLVII. URINA in febre quæ albam & lævem habet hypostasim, atque constantem, citam illius dimissionem ostendit. *Coac.* 575.

§ CLVIII. QUIBUS urina cito hypostasim habet, celeriter illi judicantur. *Ibid.* 598.

§ CLIX. SIN talis sit urinæ intermissio quædam, ut modò pura reddatur, modo hypostasis alba & lævis subsidat; diuturnior

nior quidem est morbus, & minus res ægri in tuto sunt. *Præn.* 71.

§ CLX. SIN subrubra reddatur urina cum hypostasi lævi & æquali, diuturnioris quidem morbi ea erit quam illa jam memorata, sed admodum salutaris. *Ibid.* 72.

§ CLXI. QUÆ in urinis farinæ crassioris speciem hypostases referunt, pravæ; his multo peiores sunt lamineæ; albæ verò & tenues admodum sunt perniciosæ; sed his omnibus magis funestæ sunt furfuraceæ. *Ibid.* 73.

§ CLXII. AT verò nebulæ in urinis, albæ quidem & versus fundum utiles. Rubræ autem & nigræ, item lividæ, difficiles. *Coac.* 577.

§ CLXIII. QUANDIU autem fuerit urina rubra & tenuis, morbum adhuc pepasmi expertem significat. Quod si diu talis reddatur, periculum est ne vires ægri valere non possint donec urina mitificata fuerit. *Præn.* 75.

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CLXIV.

§ CLXIV. INTER ūrinas funestissimæ sunt graveolentes, aqueæ, nigræ, & crassæ. *Ibid.* 76.

§ CLXV. SED tum viris, tum mulieribus nigræ pessimæ; pueris verò aqueæ. *Ibid.* 77.

§ CLXVI. PESTIFERA est ea quæ & hypostasim habet nigram, & ipsa quoque nigra est. *Coac.* 580.

§ CLXVII. AQUOSA verò & alba, in diuturnis morbis perseverans, difficilem & non securam judicationem facit. *Coac.* 576.

§ CLXVIII. URINÆ derepente præter rationem parum concoctæ, vitiosæ sunt. Atque omnino quidquid præter rationem coctum est in acuto, malum. *Coac.* 579.

§ CLXIX. PERIPNEUMONICIS perniciofa est quæ initio coctionem exhibet, verum post quartum diem tenuis evadit. *Coac.* 580.

§ CLXX.

§ CLXX. PLEURITICIS urina cruenta, obscura cum variâ hypostasi & indiscretâ, ut plurimum intra dies quatuordecim mortem affert. Sed illud confestim mortiferum est in pleuriticis, urinam reddi porraceam cum nigrâ hypostasi aut furfuraceâ. *Coac.* 581.

Ex Sudore.

§ CLXXI. SUDORES optimi quidem per omnes morbos acutos, qui diebus judicatoriis contingunt, & penitus febre liberant. *Præn.* 22.

§ CLXXII. BONI verò quicumque toto corpore oriuntur, faciuntque ut æger morbum faciliùs ferre videatur. *Ibid.* 23.

§ CLXXIII. At qui nihil tale efficiunt, minimè sunt utiles. *Ibid.*

§ CLXXIV. PESSIMI autem frigidi, quique circa caput tantummodò, faciem & cervicem exoriuntur. Ii namque cum

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acutâ

acutâ febre mortem, cum mitiore verò morbi longitudinem prænuntiant. *Ibid.* 24.

§ CLXXV. SIMILITER & qui in toto corpore eodem quo & in capite modo proveniunt. *Ibid.* 25.

§ CLXXVI. QUI verò milii formam referunt, & circa cervicem, tantùm oboriuntur, pravi. *Ibid.* 26.

§ CLXXVII. SUDORES boni sunt qui guttatim, & cum exhalatione fiunt. *Ibid.* 27.

§ CLXXVIII. CAUSUS rigore accedente solvitur. *Coac.* 135.

§ CLXXIX. IN acutis exudantes tenuiter & anxii, malum. *Coac.* 53.

Ex narium hemorrhagiâ.

§ CLXXX. AT verò quibus in febre continuâ caput dolet, & suffusionis caliginosæ

ginosæ loco hebescent oculi, aut etiam ignes micant ex oculis, & cardialagiæ loco, dextrâ aut sinistrâ hypochondriorum parte distentio quædam percipitur, doloris & inflammationis expers, his narium profluvium vomitionis loco jamjam adfuturum spes est. Sed juvenibus potiùs illud expectandum est. Iis verò qui trigessimum annum attigerint, & senioribus, minùs. *Præn.* 149.

§ CLXXXI. Si cui febricitanti rubor in facie luceat, unàque capitis dolor prægrandis, & venarum emicet pulsus; ferè profluvium sanguinis è naribus indè venit. *Coac.* 142.

§ CLXXXII. Qui dolore capitis gravi ad finciput affliguntur, somni expertes, sanguinem profundunt è naribus, præsertim si quid in cervice contendatur. *Coac.* 168.

§ CLXXXIII. PER exigua stillicidia, malum. *Coac.* 57.

§ CLXXXIV.

§ CLXXXIV. A SANGUINIS fluxu, delirium, aut etiam convulsio, malum. *Aph.* VII. 9.

§ CLXXXV. MORBUS regius si antè diem septimum accèsserit, malum significat; septimo autem, nono, undecimo, ac decimo quarto, judicationem affert. Dum hypochondrium non induret. Si fecus contingat, res in dubium vertitur. *Coac.* 121.

Ex Parotidibus.

§ CLXXXVI. INTER acutos parotides potissimum in causis assurgunt, ac tum si febrem lege criticâ non expellant, nec ipsæ coquantur, nec sanguis fundatur è naribus, nec verò urinæ excipiant crassam hypostasim, moriuntur. Sed abscessus ejusmodi non rarò antè residunt. *Coac.* 207.

§ CLXXXVII. SED & tum febres considerare oportet num ingravescant,
an

an verò mitescant: atque ita pronunciare. *Ibid.*

§ CLXXXVIII. QUÆ dolenter ad aures affurgunt, pestifera. *Coac.* 199.

§ CLXXXIX. Si cui ex febre ardente venit parotis quæ purulenta non fiat, haud facilè superstes evadit. *Coac.* 138.

§ CXC. Ex glandularum tumoribus febres omnes malæ sunt, exceptis diariis. *Aph.* IV. 55.

§ CXCI. Qui per febres lassitudinem sentiunt, iis ad articulos & juxta maxillas potissimum abscessus fiunt. *Aph.* IV. 31.

§ CXCII. QUIBUS sub judicationis tempus juxta aures exorta tubercula minimè suppurant, iis subsidentibus, morbi reversionem fieri contingit. *Lib. de hum.* 77.

Abscessus

Abscessûs prævisio.

§ CXCI. Quos febres longæ exercent, iis vel tubercula ad articulos, vel dolores fiunt. *Aph.* IV. 44.

§ CXCV. In longâ febre, salutariter tamen affecto ægro; si neque ob inflammationem aliquam, nec ob ullam aliam evidentem occasionem dolor detinet; in hoc abscessus cum tumore, aut dolore ad articulum aliquem expectandus, maximèque in inferioribus locis. Hujusmodi abscessus magis contingere solent & breviori tempore iis qui trigessimum annum nondum attigerunt. Minimè senioribus. *Præn.* 139.

§ CXCV. ATTENDENDUM verò statim ad abscessûs signa, si viginti dies febris detinens superat. Hujusmodi autem abscessus expectandus, ubi febris continua est. *Ibid.* 140.

§ CXCVI.

§ CXCVI. IN quartanam verò firmari debere, ubi intermiserit, & errabundum in modum prehenderit, & ita ad autumnum deducatur. *Ibid.* 141.

§ CXCVII. QUIBUS spes est abscessum fore ad articulos, eos abscessu liberat urina multa, & crassa, & alba. . . . Si verò etiam sanguis è naribus proruperit, brevi admodum solvit. *Aph.* IV. 74.

§ CXCVIII. FEBRICITANTIUM non omninò leviter, permanere, & nihil minui corpus, aut etiam magis quàm pro ratione colliquari, malum. Illud enim morbi longitudinem, hoc verò debilitatem significat. *Aph.* II. 28.

Ex Metastasi.

§ CXCIX. ERISIPELAS in anginâ intùs foras converti utile, at foris intùs, mortiferum. Intùs verò convertitur, cum rubore evanescente pectus gravatur, ac difficiliùs spirat æger. *Coac.* 366.

§ CC. LUMBORUM & inferiorum partium dolores qui cum febre affligunt, si iis relictis, septum transversum invadant, exitiales admodum sunt. Adhibere igitur animum oportet cæteris signis, ut si quod aliorum signorum pravum appareat, omni spe destituatur homo. *Præn.* 118.

§ CCI. Si verò irruente ad septum transversum morbo, non alia prava signa superveniant: suppuratum hunc fore multa spes fit. *Ibid.* 120.

§ CCII. Anginâ detento tumorem fieri in collo bonum. Foras enim morbus vertitur. *Aph.* VI. 37.

§ CCIII. QUIBUS in febris assiduitate pustulæ toto corpore suboriuntur, mortiferum illud est, nisi purulento abscessu, qui hic potissimum ad aures erumpit, periculo defungantur. *Coac.* 114.

Ex Livedine & Gangrænâ.

§ CCIV. LIVEDINES in febre mortem proximam denunciant. *Coac.* 66.

§ CCV. PRÆTER gravitatem (corporis) si ungues & digiti liveſcant, mors conſeſſim expectanda eſt. *Præn.* 50.

§ CCVI. AT omnino nigri, tum digiti, tum pedes, minùs quàm liveſcentes, periculofì ſunt. Sed alia etiam ſigna conſideranda. Si enim facilè malum ferre videatur, & aliud quoddam ex ſalubribus ſignis adfuerit, morbus ad abſceſſum vergit: ita ut æger morbo quidem ſuperèſſe, & partes corporis denigratæ decidere debeant. *Ibid.* 51.

Ex Cute.

§ CCVII. CAPUT manus & pedes frigere, ventre & lateribus calentibus, malum denunciat. *Præn.* 46.

§ CCVIII. At corpus totum æqualiter calidum esse ac molle, optimum. *Ibid.* 47.

§ CCIX. IN acutis frigiditas extremarum partium, malum. *Aph.* VII. 1.

§ CCX. Ex dolore forti partium circa ventrem, frigiditas extremarum partium, malum. *Aph.* VII. 26.

§ CCXI. IN acutâ febre exteriora perfrigerari, interiora verò sic uri ut sitim faciant, malum. *Coac.* 115.

Coctionis signa.

§ CCXII. CONCOCTIONES celeritatem judicationis, & sanitatis securitatem ostendunt. *Epid.* 1.

§ CCXIII. CRASSIOREM fieri dejectionem oportet, morbo ad judicationem properante. *Præn.* 61.

§ CCXIV.

§ CCXIV. QUIBUS septimâ die crisis contingit, iis urina rubram die quartâ nubeculam habet, aliaque pro ratione. *Aph. IV. 71.*

§ CCXV. QUIBUS in urinis citò aliquid subsidet, hi brevi judicantur. *Coac. 598.*

§ CCXVI. OCULORUM claritas ac eorum album ex nigro aut livido clarum fieri, ad judicationem confert. Ac quo celerius clarescunt, eo celeriores judicationem, at tardiùs, tardiores significant. *Coac. 217.*

§ CCXVII. JUDICATORIA non judicantia, partim lethalia sunt, partim difficilis judicationis. *Epid. lib. 2. sec. 1.*

§ CCXVIII. QUÆ in febribus frustra abscessûs spem faciunt, maligna. *Coac. 145.*

§ CCXIX. Iis quæ sine ratione levantur, non fidendum. Nec formidanda mala quæ præter rationem contingunt. Plurima
ma

ma enim horum incerta sunt; nec admodum perseverare, aut longo tempore durare consueverunt. *Aph.* II. 27.

§ CCXX. QUÆ cum pravis signis mitescunt, & quæ cum bonis non remittunt, molesta sunt & difficilia. *Coac.* 48.

Quibus præcipuè signis morbi acuti salutare, aut periculosi dignoscantur.

§ CCXXI. QUI ex morbo evasuri sunt, facile spirant, dolore vacant, noctu dormiunt, aliaque securissima habent signa. *Præn.* 126.

§ CCXXII. AT perituri difficultate spirandi vexantur, delirant, vigilant, cæteraque pessima habent signa. *Ibid.* 127.

§ CCXXIII. QUÆ ex dorsi dolore principia morborum ducuntur, difficilia. *Coac.* 309.

§ CCXXIV.

§ CCXXIV. DELASSATIS in febribus, ad articulos, & circa maxillas maximè abscessus fiunt. *Aph.* IV. 31.

§ CCXXV. CONVULSIO in febre, manuum & pedum dolores maligni, maligna etiam doloris à femore sursum irruptio; nec à genuum dolore levatio ulla sperabilis. Quin & furarum dolores & mentis emotiones maligni. *Coac.* 30.

§ CCXXVI. DELASSATI, caliginosi, vigiles, comatosi, æstu incandescentes, malè habent. *Coac.* 35.

Convalescentia firma, aut instabilis.

§ CCXXVII. SOMNI arctiores placidi, firmam crifim denunciant: tumultuosi, laboriosi, instabilem. *Coac.* 151.

§ CCXXVIII. A MORBO belle comedenti, nihil proficere corpus, malum. *Aph.* II. 31.

§ CCXXIX.

§ CCXXIX. QUIBUS febres cessant, neque apparentibus solutionis signis, nec diebus judicatoriis; iis recidiva expectanda est. *Præn.* 138.

§ CCXXX. Qui diuturno defuncti morbo ex animi sententiâ cibum capiunt, nec proficiunt, gravissimè relabuntur. *Coac.* 127.

§ CCXXXI. MORBORUM reversionibus tentantur, quibus febre solutis vehementes vigiliæ, aut turbulenti somni, aut corporis robur solvitur, aut singulorum membrorum adsunt dolores; & quibus febres non accedentibus solutionis signis, neque diebus judicatoriis quiescunt. *Lib. de crisib.*

§ CCXXXII. STOMACHI dolor & pulsus hypochondriorum, febre extinctâ, malum denunciant: idque cum aliàs, tum in sudatiunculâ. *Coac.* 283.

§ CCXXXIII.

§ CCXXXIII. QUÆ longo tempore extenuantur corpora, lente reficere oportet, quæ verò brevi, celeriter. *Aph.* II. 7.

Circa morbos prægnantium & puerperarum.

§ CCXXXIV. MULIEREM gravidam morbo quopiam acuto corripit, lethale. *Aph.* V. 30.

§ CCXXXV. MULIERI utero gerenti, si alvus multum fluxerit, periculum est ne abortiat. *Ibid.* 34.

§ CCXXXVI. Si prægnanti tenesmus supervenerit, abortum facit. *Aph.* VII. 27.

§ CCXXXVII. QUÆCUMQUE utero habentes febribus corripuntur, & fortiter attenuantur sine manifestâ occasione, difficulter pariunt & periculosè, aut abortum facientes, periclitantur. *Aph.* V. 55.

§ CCXXXVIII. ANTE partum sub indè rigere, & citra dolorem parturire, periculosum. *Coac.* 538.

§ CCXXXIX. UTERINÆ duritates in alvo admodum dolorificæ, crudeliter atque citò perniciosæ. *Coac.* 528.

§ CCXL. QUÆ ex partu & abortu copiosa, celeriter, cum impetu feruntur, si subsistant, molestiam exhibent. His rigor inimicus, & alvi perturbatio, præcipuè verò si doleant hypochondrium. *Coac.* 516.

Crises.

§ CCXLI. QUIBUS crisis fit, his nox accessionem præcedens gravis, subsequens verò levior plerumque. *Aph.* II. 13.

Dies

Dies decretorii.

§ CCXLII. FEBRICITANTEM nisi diebus imparibus febris reliquerit, solet reverti. *Aph.* IV. 61.

§ CCXLIII. QUIBUS in febribus quotidie rigores fiunt, quotidie solvuntur. *Ibid.* 63. Quæ paribus diebus exacerbantur, paribus judicantur. Quorum autem exacerbationes in imparibus fiunt, ea in imparibus judicantur. Est autem primus judicatorius, ex circuitibus diebus paribus judicantibus, quartus dies, deinde sextus, decimus, decimus-quartus, decimus-octavus, vigesimus; sed ex circuitibus verò in imparibus diebus judicantibus, primus est dies tertius, deinde quintus, septimus, nonus, undecimus, decimus-septimus, vigesimus-primus, vigesimus-septimus, trigesimus-primus. *Epid. lib. 1. sect. 3.*

§ CCXLIV. SUDORES febricitantibus boni sunt & judicatoris qui cæperint die

3, 5, 7, 9, 11, 14, 17, 21, 27, 31, 34.
Aph. IV. 36.

§ CCXLV. FEBRES judicantur die 4,
 7, 11, 14, 17, 21. *De dieb. decret.*

§ CCXLVI. SEPTIMI quartus index.
 Alterius septimanæ, octavus est initium.
 Notandus verò undecimus: is enim quartus est alterius septimanæ. Notandus rursùm decimus-septimus. Hic enim est quartus quidem à decimo-quarto, septimus verò ab undecimo. *Aph.* II. 24.

§ CCXLVII. FEBRIUM judicationes iisdem numerantur diebus, quibus & evadunt, & moriuntur homines. Nam & mitissimæ, & quæ securissimis incedunt signis, die quarto, aut antè desinunt. Maximè verò malignæ, & quæ cum gravissimis signis fiunt, quarto vel priùs interficiunt. Primus itaque earum insultus ad hunc modum definit, secundus ad septimum, tertius ad undecimum, quartus ad decimum-quartum, quintus ad decimum-

num-septimum, sextus ad vigesimum.

Præn. 122.

§ CCXLVIII. NEQUE verò horum quicquam integris diebus numerari potest. *Ibid.* 123.

De Pleuritide & Peripneumoniâ.

§ CCXLIX. EXERCITATA & densa corpora celerius à plueritide & peripneumoniâ intereunt quam otio dedita. *Coac.* 398.

§ CCL. PLEURITICIS dolores & alvum emolliri utile; sputa colorari, nullos in pectore strepitus fieri, urinam rectè procedere. Eorum contraria difficilia sunt, & sputum dulcescere. *Coac.* 386.

§ CCLI. LATERIS dolor, in sputo bili-oso, qui immeritò vanuit, insaniam facit. *Ibid.* 418.

§ CCLII.

§ CCLII. DUOBUS doloribus simul fi-
entibus, non secundùm eundem locum,
vehementior obscurat alterum. *Aph.*
II. 46.

§ CCLIII. QUIBUS autem pleuriticis
initio quidem dolores sunt mites, quintâ
aut sextâ die ingravescent, ferè ad duo-
decimum perveniunt, raroque servantur.
Coac. 387.

§ CCLIV. TERRIFICÆ sunt pleuritides,
in quibus dolorifica fursùm sunt mala.
Coac. 381.

§ CCLV. SPIRATIONES quæ non nisi
erectâ cervice ducuntur, dirum hydropem
faciunt. *Ibid.* 424.

§ CCLVI. SICCÆ pleuritides, & sputi
expertes gravissimæ. *Coac.* 381.

§ CCLVII. AT verò sputum in pleuri-
ticis si tertiâ die maturari, & expui cœ-
perit, citas facit solutiones: si seriùs tar-
diores. *Ibid.* 385.

§ CCLVIII.

§ CCLVIII. EXPECTORATUM verò in omnibus morbis qui in pulmones & latera incidunt, citò & expeditè expectorari debet, sputoque flavum valdè permixtum apparere. *Prog.* 86.

§ CCLIX. ETENIM si multò post morbi principium expectoretur, aut flavum quid aut rufum, aut quod multam tussim afferat, nec exquisitè permixtum sit: deterius est. *Ibid.* 87.

§ CCLX. FLAVUM quippe si sincerum fuerit, periculum subesse testatur. *Ibid.* 84.

§ CCLXI. ALBUM autem, & viscidum, & rotundum, inutile. *Ibid.* 89.

§ CCLXII. MALUM quoque valdè viride, aut pallidum, aut spumans. *Ibid.* 90.

§ CCLXIII. AT si adeò sincerum fuerit ut etiam nigrum appareat, id illis deterius est. *Ibid.* 91.

§ CCLXIV.

§ CCLXIV. MALUM quoque ubi nil expurgatur, nec se expedit pulmo, sed propter multitudinem (sputi) fervet in gutture. *Ibid.* 92.

§ CCLXV. AT in omnibus pulmonis inflammationibus, si inter initia morbi sputum excernitur flavum, non multò permixtum sanguine, salutare est, & confert admodùm. *Ibid.* 95.

§ CCLXVI. SEPTIMO verò die ac tardius, non adeò securum. *Prog.* 96.

§ CCLXVII. PLEURITIDES graviores sunt quæ sine divulsionibus, quam quæ cùm divulsionibus contingunt. *Coac.* 382.

§ CCLXVIII. Admodùm autem sanguinolentum, aut quod statim ab initio livescit, perniciem præferebat. *Coac.* 390.

§ CCLXIX. MUCOSA autem & fuliginosa, tum celeriter colorantur, tum securiora sunt. *Coac. ibid.*

§ CCLXX.

§ CCLXX. PECTORA rubris maculis
 supersparfa, talibus (scilicet pleuriticis)
 mortem subesse testantur. *Coac.* 417.

§ CCLXXI. OMNIA autem sputa mala
 sunt quæ dolorem non sedant. Optima
 quæ sedant. *Præn.* 97, 98.

§ CCLXXII. IN morbo laterali, quibus
 circa initia in totum purulenta sunt sputa,
 ii tertiâ die moriuntur. Quos si superent,
 nec longè meliùs habuerint, septimo,
 aut nono, aut undecimo suppurati fiunt.
Coac. 379.

§ CCLXXIII. A peripneumoniâ phre-
 nitis, malum. *Aph.* VII. 12.

§ CCLXXIV. QUI pleuritide laborant,
 nisi intra dies 14, superne repurgentur,
 iis in empyema (id est in suppurationem)
 fit mali translatio. *Aph.* V. 8.

§ CCLXXV. HORUM verò locorum do-
 lores qui neque per sputorum purgatio-
 nes, neque fæcum alvi dejectionem, ne-

que venæsectionem, aut medicamenta purgantia & victûs rationem sedantur: eos ad suppurationem tendere sciendum est. *Præn.* 99.

§ CCLXXVI. SUPPURATIONIS autem initium fore ratione comprehendere oportet, ab eo die quo primùm æger febricitavit, aut etiam primùm rigorprehendit, & si pro dolore sibi pondus inesse in eo loco qui dolore affligebatur, dixerit. Ista namque circa suppurationum initia fieri solent. Ex hoc igitur tempore suppurationum ruptionem fore intrâ prædicta tempora expectandum est. *Ibid.* 103.

§ CCLXXVII. QUIBUS morbo defunctis horrores crebro cientur, iis pro hæmorrhagiâ fit empyema, id est suppuratio. *Coac.* 16.

§ CCLXXVIII. LATERIS dolor cum febre diuturnâ, pus eductum iri significat. *Coac.* 421.

§ CCLXXIX.

§ CCLXXIX. QUI perhorrescunt crebro, ad suppurationem deveniunt. *Ibid.* 422.

§ CCLXXX. QUI ex morbo laterali fastidiosi fiunt, exudantes, cardialgici, cum facie rubicundâ & alvo liquidâ : iis suppurationes fiunt in pulmone. *Ibid.* 423.

§ CCLXXXI. QUOD si in altero tantum latere suppuratio fuerit : tum vertere, tum ediscere ad hæc convenit, num dolor aliquis alterum latus detineat, & num altero calidius fuerit, atque ubi in latus sanum decubuerit, interrogare, si quod ei pondus desuper impendere videatur. Sic enim altero latere in quo pondus extiterit, suppuratio est. *Præn.* 104.

§ CCLXXXII. AT purulentos omnes his signis dignoscere oportet. Primum quidem si febris non dimittit, verum interdiu levior quidem, noctu verò major detinet. Et sudores multis oboriuntur, tussesque & tussiendi cupiditas ipsi inest,

nihil tamen effatu dignum expuunt : oculique cavi redduntur, malæ ruborem contrahunt, & ungues quidem in manibus adunci fiunt, digiti verò, maximèque summi incalescunt, & in pedibus tumores fiunt, cibos minimè appetunt, & pustulæ toto corpore oriuntur. *Præn.* 105.

§ CCLXXXIII. RAUCITAS cum tussi & alvo liquidâ, pus educit. *Coac.* 414.

§ CCLXXXIV. DIUTURNÆ igitur suppurationes his indicantur signis, quibus multa fides habenda est. Quæ verò breve habent spatium, sic indicantur : si quid eorum appareant, quæ inter initia fiunt, simulque si etiam aliquanto difficiliùs spiret æger. *Præn.* 106.

§ CCLXXXV. Ex suppurationibus autem admodùm exitiales sunt, quæ sputo adhuc quidem bilioso existente suppurantur, sive biliosum illud separatim, sive unà cum pure expuatur. Idque potissimum, si ab hujusmodi sputo suppuratio procedere cœperit, cum morbus ad diem septimum

septimum pervenerit; qui verò talia spu-
it, ne decimo-quarto die moriatur metus
est, nisi quid boni accesserit. *Ibid.* 100.

§ CCLXXXVI. AT in bonis quidem
signis hæc numerantur: facilè morbum
sustinere, benè spirare, dolore levare, spu-
tum sine difficultate rejicere, corpus æ-
qualiter calidum & molle videri, sine siti
esse; urinas etiam, & alvi excrementa,
& somnos, & sudores, veluti descriptum
est, singula supervenire, bona existimanda
sunt. His enim omnibus sic contingen-
tibus, haud quaquam æger morietur.
Quod si ex his quædam quidem contin-
gant, quædam minimè, non ultrà deci-
mum-quartum diem æger vitam produ-
cet. *Ibid.* 101.

§ CCLXXXVII. CONTRA verò, mor-
bum ægre sustinere, spirationem mag-
nam & densam esse, dolorem minimè se-
dari, sputum ægre rejicere, vehementem
sitim esse, corpus à febre inæqualiter de-
tineri, alvum quidem, & latera vehemen-
ter calere, fronte, manibus & pedibus
frigidis;

frigidis ; urinas verò, & alvi excrementa, & somnos, & sudores, unaquæque qualia descripta sunt, mala esse nosse convenit. Si quid enim ex his sputo supervenerit, morietur æger, priusquam ad decimum-quartum diem perveniat, aut nono, aut undecimo die. Sic igitur conjicere oportet, quod cum sputum istud valde lethale fit, neque etiam ad decimum-quartum diem perducit. Ex his verò, tum malorum, tum bonorum subductâ ratione, prædictiones facere oportet, sic enim quis potissimum verum assequatur. *Ibid.* 102.

§ CCLXXXVIII. RELIQUÆ verò suppurationes, magnâ ex parte rumpuntur, partim quidem vigesimo die, partim etiam trigesimo, quædam quoque quadragesimo, aliquæ etiam ad sexagesimum diem deveniunt. *Ibid.* 102.

§ CCLXXXIX. AT ex his quæ citiùs, aut tardiùs rumpuntur, sic deprehendere licet. Siquidem dolor inter initia oriatur, & spirandi difficultas, ac tussis sputatioque perseverant, & ad vigesimum diem
exten-

extenduntur: intra hoc tempus, aut adhuc priùs ruptionem expectato. Quod si mitior dolor fuerit, iisque cætera omnia pro hujus ratione respondeant, tardiùs ruptionem sperato. *Ibid.* 107.

§ CCXC. AT antè puris eruptionem, dolorem oboriri, & spirandi difficultatem, & sputi excretionem, necesse est. *Ibid.*

§ CCXCI. SUPERSUNT autem ex morbo hi potissimum, quos febris eodem post ruptionem die dimisit, quique cibos celeriter expetiverint, & siti liberantur, venterque tum exigua, tum coacta dejicit, & si pus album & læve, ejusdemque coloris fuerit, & à pituitâ liberum, citraque dolorem, aut tussim vehementem educatur. Sic quidem optimè, & celerrimè liberantur: sin minùs, qui ad ista proximè accedent. *Ibid.* 108.

§ CCXCII. MORIUNTUR verò, quos febris non dimiserit, aut cum dimisisse videatur, iterum accenditur, & siti quidem vexantur, cibos verò non expetiverint;

rint; & si alvus liquida dejecerit, pusque ex viridi pallidum, aut pituitâ permixtum, & spumofum expuerint. Si hæc omnia contigerint, moriuntur. *Ibid.* 109.

§ CCXCIII. At quibus eorum partim quædam contigerint, partim minimè, ex his non nulli quidem intereunt, quidam etiam ex longo temporis intervallo supersunt. Sed ex omnibus his signis existentibus, tum in his, tum in reliquis omnibus, conjecturam facito. *Ibid.* 110.

§ CCXCIV. Ex iis verò qui à pulmonis inflammationibus suppurantur, ferè seniores moriuntur, at ex cæteris suppurationibus juniores potiùs intereunt. *Ibid.* 117.

§ CCXCV. Qui ex pleuritide empyi fiunt (*id est purulenti, abscessu laborantes*) si à ruptione intra dies quadraginta sursum purgenter, liberantur. Alioqui transeunt in tabem. *Aph.* V. 15.

§ CCXCVI.

§ CCXCVI. QUIBUS purulentis mitiora fiunt omnia, si postea pus edunt foedi odoris, iis recidiva mortifera. *Coac.* 406.

§ CCXCVII. Ex tuberculi intus ruptione exolutio, vomitus & animi deliquium fit. *Aph.* VII. 8.

§ CCXCVIII. CUM suppurati uruntur, si purum pus fuerit, & album, nec tetri odoris, convalescunt. At quibus subcruentum, & caenosum, moriuntur. *Præn.* 119.

§ CCXCIX. QUIBUS concutiendo pus editur caenosum, & foedi odoris, ut plurimum moriuntur. *Coac.* 409.

§ CCC. QUIBUS à pure coloratur specillum tanquam ab igne, maximam illi partem intereunt. *Coac.* 410.

§ CCCI. QUIBUS intumuit latus, ac incaluit, si cum in oppositam partem decumbunt grave quidpiam suspensum esse
M m videatur,

videatur, pus ab unâ parte collectum est.
Ibid. 428.

§ CCCII. INTER empyicos, quibus concussis humeris multus fit strepitus, parcius illi pus habent, quam quibus exiguus, modò spirent faciliùs, & meliùs sint colorati. At quibus ne minimus quidem infertur, sed fortis dispnæ lividique ungues, pleni sunt illi pure, ac desperati.
Ibid. 432.

De Anginâ.

§ CCCIII. ANGINA gravissima quidem est & celerrimè interimit quæ neque in faucibus, nec in cervice quicquam conspicuum facit; plurimùm verò doloris exhibet, & difficultatem spirandi quæ erectâ cervice obitur inducit. Hæc enim eodem etiam die, & secundo, & tertio, & quarto strangulat. *Præn.* 132.

§ CCCIV. QUIBUS Anginâ liberatis ad pulmonem mali fit conversio, ii intra septem

tem dies moriuntur, quos si effugerint, suppurati evadunt. *Aph. V. 10.*

De sputo sanguinis & phthyseos periculo.

§ CCCV. TABES maximè fit ab anno octavo-decimo, ad trigesimum-quintum. *Aph. V. 9.*

§ CCCVI. A SANGUINIS sputo puris sputum, à puris sputo tabes, à tabe, mors.

§ CCCVII. QUI sanguinem evomunt, si sine febre salutare, si cum febre, malum. *Aph. VII. 37.*

§ CCCVIII. QUI sanguinem evomunt spumantem, omnique dolore carent sub diaphragmate, à pulmone vomunt. Et quibus in ipso rupta est magna vena, multum illi vomunt, & periculosè admodum: & quibus minor, minùs rejiciunt, & securiores sunt. *Coac. 433.*

§ CCCIX. IN metu sunt maximo phtyses, quæ à ruptione venarum crassarum, aut à catarrho è capite contingunt. *Coac.* 438.

Circà apoplexiam.

§ CCCX. APOPLECTICI fiunt maximè à quadragesimo anno ad sexagesimum. *Aph.* VI. 57.

§ CCCXI. QUI naturâ sunt valdè crassi, magis subitò moriuntur, quàm graciles. *Aph.* II. 44.

§ CCCXII. TORPORES & stupores præter consuetudinem evenientes, futura denunciant apoplectica. *Coac.* 476.

§ CCCXIII. QUIBUS febre vacuis cephalagia, tinnitus aurium, unàque tenebricosa vertigo incidit, & vocis tarditas, & manuum stupor: his vel apoplexia, vel epilepsia, aut lethargus imminet. *Coac.* 161.

§ CCCXIV.

§ CCCXIV. QUI valentes, capitis repente doloribus corripuntur, & protinùs muti fiunt, & stertunt, intrà dies septem intereunt, nisi febris eos prehenderit. *Aph.* VI. 51.

§ CCCXV. SOLVERE apoplexiam fortem impossibile, levem difficile. *Aph.* II. 42.

§ CCCXVI. IN apoplecticis ex magna respirandi difficultate subortus sudor, mortem affert. *Coac.* 479.



N O T E S.

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N O T E S.

§ II. (* 1.)

WE can hardly flatter ourselves, that the Physicians of different countries, will ever agree, in giving, constantly, the same names to the same fevers. But, although they may differ as to these nominal distinctions, it is essential for them, to agree with, and understand each other, as to the things themselves. To this purpose, it is necessary for them, to describe, with accuracy and precision, the fevers they mean to indicate, under such and such a denomination. I have spoken in another work of malignant fevers (a). In that performance, I aimed at carefully and clearly pointing out the fevers, to which the French physicians are accustomed to give the name of *malignant*. It will not

(a) *Memoires sur les fevres aiguës.*

be amiss, I believe, here, again to explain and illustrate, and even, in some respects, to rectify my ideas on this subject; as well for the information of young physicians, as of foreigners, who may happen to read this work; and who, without such an explanation, might perhaps, have some doubts, of the nature of the acute fevers, to which I have so often applied the epithet of *malignant*, in the course of my observations.

After attentive consideration, of all that I have seen and read, on the subject of acute continued fevers, I am of opinion, that these diseases may be very properly distributed into two general classes. The first of these, I stile Inflammatory, and the second, Malignant Fevers. These two classes are distinguished from each other by the following signs. In the course of inflammatory fevers, the *vis vitæ* seems to be augmented instead of being weakened. The pulse is usually open and expanded, (*étendu, développé*); sometimes, however, it is small; but, in both cases, has a degree of strength. These fevers readily support blood-letting. The heat of the body, the thirst, head-ach, delirium, difficulty of breathing, and, in a word, all the symptoms that are liable to take place, are proportioned nearly to the violence of fever, to the frequency, strength, and hardness of the pulse. These fevers do not suddenly destroy the animal powers. If the pulse becomes soft and weak; either this symptom is dependent only on some transitory cause, and, in that case, does not last long; or, it is, because life begins to be extinguished from an irremediable affection of some of the viscera. To this class, I refer pleurisy, and other symptomatic inflammatory fevers, and
likewise

likewise eruptive fevers, and lastly, the other continued fevers, that afford the signs I have described.

Malignant fevers seem to attack, at once, the principle of life. From their very beginning, both the animal and vital powers appear to be weakened. The pulse is weak and soft, and almost always small, depressed, and sometimes irregular. The symptoms are not always proportioned to the degree of fever. The delirium, coma, difficulty of breathing, tumefaction of the abdomen, pains, inflammatory swelling of the hypochondria, convulsions, and other dangerous symptoms, usually occur in these fevers, although the pulse remains small, sunk, soft, and weak. Venæsection, especially if repeated, seems to diminish the strength of the patient, and to do harm instead of relieving him.

Such are the signs, which seem to me to belong the most generally to fevers of this class; and which may likewise be distinguished by many other symptoms, that are not observed in inflammatory fevers. Thus the onset of a malignant fever, is usually characterized by nausea, or by fatiguing and obstinate vomiting; acute pains in the loins, thighs, and legs. In their progress, they likewise afford swelling of the face, deafness, subfultus tendinum, buboes, carbuncles, &c. purple spots, vibices, &c. gangrenous erysipelas, and other symptoms, which sufficiently denote and confirm the character of malignancy. Malignant fevers do likewise, very often, leave fatal impressions on the origin of the nerves. Of the patients who escape with life, we see some remain a long time deaf, or deprived of sight; and others,

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who have lost their memory, or judgment, or who have an insensibility of some of their limbs. Fevers, of this sort, are also generally, though not always contagious, and are much more destructive than those of the inflammatory class.

Physicians are nearly agreed, as to the epidemic acute fevers, which belong to the class of malignant fevers. They almost all concur in arranging together under this head, plague, pestilential fevers, purple malignant fevers, petechial fevers (*b*), and exanthematic catarrhal fevers (*c*). The fevers, produced by the infectious air of ships, prisons, and hospitals are likewise evidently to be referred to the same class (*d*). The improper construction of our prisons, has afforded me frequent opportunities of observing the different epidemical fevers, that are the result of infectious air. This matter is sufficiently illustrated by Dr. Lind, in his paper on fevers and infections; and by Sir John Pringle, in his excellent description of the jail fever. Although that celebrated writer does not describe it under the name of malignant fever, yet it is not the less

(*b*) F. Hoffman. Med. Rat. Tom. II. p. 84.

(*c*) Ibid. p. 84. *Febris catarrhalis maligna petechizans*.

(*d*) The celebrated Dr. Cullen has very properly considered all the several kinds of fever here mentioned, the plague excepted, as so many synonyma, rather than varieties, of Typhus, which he defines, "Morbus contagiosus; calor parum auctus; pulsus parvus, debilis, plerumque frequens; sensorii functiones plurimum turbatae; vires multum imminutae".—The plague he has very judiciously arranged, in the order of exanthemata, as being typhus, attended with an eruption of bubo or carbuncle. See his *Synops. Nosol. Method.* pag. 287.

clear,

clear, that he thinks as we do, as to its real nature. "It is evident," says he, "that this distemper is of a truly pestilential nature, as appears by the manner in which the head is affected, by the dejection of the spirits, debility, sunk pulse, the suppuration of the parotid and axillary glands, the putrid sweats, petechial spots, mortifications, and contagion (e).

On considering the numerous descriptions of epidemical fevers, of this class, that are to be met with in authors, and of several others of the same kind, on account of which, the faculty at Montpellier has been consulted within these twelve years, it seems evident, that these fevers differ from each other by an infinity of shades. Experience proves, that even epidemical fevers, of the same season, differ from each other, and undergo wonderful changes in the eyes of attentive observers. Fevers for example, that are at first very contagious, rapid in their progress, and destructive, at length appear with more moderation, and, becoming less fatal, no longer afford the same symptoms they did at the beginning of the epidemic (f). All these epidemical fevers preserving, therefore, a remarkable analogy to each other, by the loss of strength, by the state of the pulse, by the

(e) Observations on the Diseases of the Army, p. 319, 6th edit. 8vo.

(f) Every epidemic passes, by an almost insensible gradation, through its several periods of rise, acmé, and decline. All accurate observations, from the time of Hippocrates downwards, prove this; but yet the distinguishing character of the disease continues the same, though it may vary in violence, from the difference of season, and occur with different symptoms,

the bad effects of blood-letting, and by the eruptions and other symptoms that are familiar to them, differ, however, very considerably from each other, by their progress and duration, and by their degree of contagion; or, by some symptom or eruption, that is peculiar to some one or more of them, without being common to all. These varieties are so numerous, that it seems to me to be impossible to inform oneself, sufficiently, of the true nature of each, by any other means, than by attentive observation, united to the best descriptions in this way, that are to be met with in authors. They, who with Sennertus, have included, and described them all, under the name of plague, or pestilential, or malignant fevers; or, with Hoffman, under the name of pestilential (g) fever, true petechial fever, and epidemic catarrhal

according to the various predisposition of different subjects. The great Sydenham very aptly remarks, that "how many
 " peculiar species soever arise in one and the same constitution, they all agree in being produced by one common general cause, viz. some peculiar state of the air; and, consequently, how much soever they may differ from one another in appearance, and specific nature, yet, the constitution, common to them all, works upon the subject matter of each, and moulds it to such a state and condition, that the principal symptoms (provided they have no regard to the particular manner of evacuation) are alike in all; all of them agreeing in this circumstance, that they respectively grow mild or violent at the same time. It is further to be noted, that in whatever years these several species prevail, at one and the same time, the symptoms wherewith they come on, are alike in all." *Swan's edit. page 9.*

(g) The epithet 'pestilential', seems to have been very often liberally applied, by writers, to fevers that were not contagious, when they were epidemical and destructive.

exanthematous

exanthematous fever, or, *febris catarrhalis petechizans*; may, indeed, be said to have caught some of the most striking shades of those fevers; but they are far (or I am deceived) from affording us precise ideas of all the extent of this class of diseases, and from giving their readers a previous notion of all the variety they may expect in them.

If I am now asked, what are the sporadic fevers, to which the French physicians give the epithet of malignant; I am disposed to answer, that they are precisely the sporadic fevers, which afford evident analogy to the epidemical fevers we have just now mentioned. Let us suppose, for instance, that three or four French physicians visit a patient, and distinguish his disorder by the name of putrid fever, and that, there afterwards comes on *subsaltus tendinum*, or deafness, or suppuration of the parotid glands, or some of the other symptoms, that are familiar to pestilential and malignant epidemical fevers; they will then say, that the nature of the disease is altered, and that it has degenerated into a malignant fever: or, if they are men of candour, they will freely own, that it has always been of the malignant kind, but that they were mistaken in the beginning.

It is, therefore, on their resemblance to epidemical, pestilential, and malignant fevers, that physicians, in France, establish their notions of malignant sporadic fevers. The least instructed of them, are acquainted only with a few of the points of analogy, these two kinds of fever afford; such as swellings of the parotid glands, purple spots, deafness, *subsaltus tendinum*, carbuncle, or some other symptom;
equally

equally manifest. It therefore often happens, that the nature of these malignant sporadic fevers, is not sufficiently known, until their danger is become evident even to the by-standers. Such mistakes can be avoided only by studying, with minute and scrupulous attention, all the symptoms that are common to malignant fevers, whether epidemic or sporadic.

Our custom of characterizing, as malignant fevers, every sporadic fever, that affords a remarkable analogy to pestilential epidemical fevers, takes its source from the most respectable authors. I have, in another place (*h*), observed, that Galen acknowledged the existence of sporadic pestilential fevers, that is, of fevers, which attacking only individuals, afford, however, the same symptoms as epidemical pestilential fevers. Many writers have adopted this opinion of Galen's; and Fernelius having given to them the name of malignant fevers, it is likely, that the authority of so respectable a name, has gradually established the use of this denomination in France. It seems probable too, that the authority of Sydenham (*i*) has prevented the English from adopting it.

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(*h*) *Memoires sur les fievres aiguës.*

(*i*) "The invention of the term, or opinion of malignity,—says that truly great man—has been far more destructive to mankind, than the use of gun-powder." Dr. Huxham, however, is of a different opinion, and speaking on this subject, says, "I am very sensible, the word *malignant*, as applied to fevers, hath of late years, fallen into very great disrepute, and probably it hath been often made use of to cover ignorance, or magnify a cure.—But there is, really, a foundation in nature, for
" such

I shall add nothing here, to what I have already said in the Memoirs I refer to, on the different kinds of sporadic malignant fevers. But I ought not to conclude this note, without citing what I have advanced in the third section of the second part of that work: where I say, “ It is doubtless better, “ and more agreeable to the stile of observation, “ to give a general idea of these fevers, by an

“ such an appellation, at least, for some word that may distin-
 “ guish such a disease, as I have been now describing, (putrid
 “ malignant fever) from a common inflammatory fever; indeed
 “ the very term, *inflammatory fever*, supposes there are other
 “ kinds of fevers.—It is, perhaps, indifferent, whether you call
 “ them putrid, malignant, or pestilential: when petechiæ ap-
 “ pears, every one calls them spotted, or petechial; and if from
 “ contagion, contagious. I will contend with nobody about
 “ words, but it is necessary we should have some to communi-
 “ cate our ideas, and where they are well defined, no one hath
 “ great reason to quarrel with them.” Essay on fevers, page
 101. It will not be amiss, to hear what M. Sauvages says on
 this head. In his Nosology, we find *continued malignant fever*,
nervous fever, and the *Typhodes of Prosper Alpini*, used as the
 synonyma of Typhus, which is the name of the Genus, adopted
 from Hippocrates, and which Dr. Cullen has likewise intro-
 duced in his arrangement. “ It is called malignant,” says M.
 de Sauvages, “ because it brings the patients secretly into dan-
 “ ger; the heat, the pulse, and the urine, appearing as in the
 “ healthy state; and likewise, because it suddenly brings on the
 “ most alarming symptoms, such as dejection of spirits, deliri-
 “ um, cardialgia, exanthema, and convulsions; altho’ at the
 “ beginning, it seemed to threaten no danger. I am aware,
 “ that in France, physicians, in general, stile all fevers malig-
 “ nant, that are accompanied with any dangerous and extraor-
 “ dinary symptoms: but there are others who pretend, that this
 “ term is applicable only to the fevers arising from contagious,
 “ or venomous mias mata; to avoid all equivocations, we may
 “ apply the word *Typhus*, to the genus, and leave the epithet
 “ of *malignant* to its species.” *Nosol. Method.* Tom. 1.

“ enumeration

“ enumeration of the symptoms that are familiar
 “ to, and help to distinguish them; such as the
 “ obstinate vomiting, the subsultus tendinum, the
 “ weakness and irregularity of the pulse, &c. or,
 “ if a shorter definition is required, they may be
 “ styled dangerous and destructive fevers.” The
 observations I have made, since the publication of
 that work, have convinced me, that I ought to
 have confined myself to the first part of this asser-
 tion, and to have contented myself, with obser-
 ving, that of the acute continued essential fevers,
 (*fevres continuës aiguës essentielles*) the only ones
 treated of in those Memoirs, there are some, which,
 although of an inflammatory nature, and afford-
 ing none of the symptoms familiar to malignant
 fevers, bring, however, the patients into the
 greatest danger. But, I believe, I do not say too
 much, when I assert, that for one acute essential
 fever of this sort, which will carry off a patient,
 we shall observe twenty similar terminations, the
 result of malignant fevers.

Independent of fevers, properly so called, there
 are other Acute Diseases, which sometimes par-
 take of the nature of malignant fevers; and
 which, it will be necessary, to distinguish, by a
 name, that may sufficiently characterize them.
 Such are evidently, the gangrenous sore throat,
 and certain pleurifies, dysenteries, and some kinds
 of small pox; for all these diseases, may be pro-
 perly styled malignant, whenever the extreme re-
 duction of the patient's strength, the state of the
 pulse, the bad effects of bleeding, especially, of
 repeated bleeding, and purple spots, or other
 symptoms,

symptoms, denote the analogy or affinity ; or, if you will, an evident complication, with the destructive fevers, known and described under the names of pestilential or malignant fevers.

§ III. (* 2.)

Such is the usual progress of acute fevers ; even of those, in the course of which, the pulse has the most strength. When a disease, that is purely inflammatory, or a deep wound, or a compound fracture, terminate in death, the pulse, from being strong, becomes small, soft, weak, and often irregular, and continues so. This observation may be extended still farther, and will be found to hold good, even in chronic diseases. Whenever the strength of a patient seems exhausted by a disease of this sort, and his pulse assumes and preserves the character we have just now mentioned, we may be assured, that his death is not far distant. It usually happens within a week, seldom later than a fortnight, after such a change has taken place.

§ V. (* 3.)

To form a sound judgment of the state of the pulse, it will be right to apply our fingers to the artery with different degrees of pressure. If the pulse has really much strength, the pulsation will be felt more smartly, in proportion as we press upon the artery ; whereas, if it be weak, it will

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be felt less and less, and at length will seem to be altogether extinguished, as we increase the pressure.

§ XIV. (* 4.)

When this happens, we are to consider, whether the fever, that affords such a symptom, is of the class of intermittents or continued fevers; because syncope will, in general, be less alarming in the former than in the latter; and we shall have greater hopes of being able to prevent its return, by means of the bark.

§ XV. (* 5.)

On opening the bodies of those who have died, and who have experienced this symptom towards the close of the disease, the intestines have usually been found white and transparent, so much have they been distended with air.

§ XXXIX. (* 6.)

The pains of the breast, in this case, are less fixed and lasting, than when occasioned by a true affection of the breast. The cough that accompanies them, is dry. It is not constant, and sometimes occurs only during the exacerbations. See § LXI.

§ LIV.

§ LIV. (* 7.)

Dissections prove, that a serous effusion into the cavity of the abdomen, or thorax, is a pretty common effect of a fatal inflammation of the viscera of either of those cavities. See § XXXI.

§ LIX. (* 8.)

Such, in my opinion, is the result of observations. If I inquire after the reason, it seems to me, to be found in the expectoration, which we know to be the great resource of nature, in inflammations of the breast. We know of no evacuation, that is so familiar to her, and, at the same time, so generally decisive, in inflammations of the abdominal viscera.

§ LXXX. (* 9.)

It is to this sort of delirium, we may apply the expression of Fernelius, *Majoris terroris est quam periculi* (k). It would very often be contrary to truth, if applied to every kind of delirium.

§ LXXXII. (* 10.)

Qui supra quadraginta annos phrentici fiunt,—says Hippocrates—non ad modum sanantur. This parti-

(k) *De febr. cap. 19.*

cular observation is, without doubt, one of those, which led him to establish the following general proposition : *in morbis minùs periclitantur quorum naturæ, ætati, et temperamento, et tempestatì magis affinis fuerit morbus, quàm in quibus horum nulli fuerit affinis.* Aphorism, 11. § xxiv. The reader will have remarked in the course of this work, that this assertion of Hippocrates, may be very properly applied to a great number of Acute Diseases. I have not thought it right to employ the above aphorism, because, being too general, it admits of many exceptions, especially in chronic diseases.

§ XC. (* 11.)

Qui ad manum exiliunt, in malo sunt. Coac. 75. The commentary of *Duretus* on this passage of Hippocrates, is not well understood. *Houlier's* is clear. He applies this expression, *qui ad manus exiliunt*, to *subfultus tendinum*. I confess myself, however, to be of opinion, that observation leads us to a much more natural explanation of this Prognostic. Amongst the great variety of delirious patients, we see some who are timid, and excessively sensible ; and who, in the midst of their distraction, and when employed on the objects of their delirium, if the physician puts his hand on theirs, draw it hastily away, and with marks of fear, as if they aimed at avoiding him. Would it not seem, therefore, as if Hippocrates, by the words, *qui ad manum exiliunt*, alluded to this symptom, which is a much more natural application, than that of *subfultus tendinum*. Altho' it may be of little consequence to ascertain the

the true meaning of this Prognostic, yet it is right to know, that the danger of delirium, is constantly increased by its being complicated with subfultus tendinum; and that delirium, attended with excessive sensibility, and timidity, at the least touch or noise, is still more alarming.

§ CXI. (* 12.)

Some physicians will, without doubt, be surprised to see me assert, that certain wounds, and fractures, are capable of exciting fevers, which will have some affinity with malignant fevers. I request them to observe, that I found not the idea, I give of these fevers, on any opinion that relates to the causes, by which they are produced, but wholly on the symptoms they afford, and which I have enumerated (* 1.) And since we know, that certain wounds, and compound fractures, give rise to fevers, which afford similar symptoms, I see no reason why we should deny, that these fevers, tho' produced by external causes, are, however, of the same kind as malignant fevers, and have a remarkable analogy, and affinity with them. A waggon passes over the leg of an old man, he is carried to bed, and his leg is examined. The surgeon raises it by the foot, but it affords no crepitus, or marks of fracture. A fever, however, begins to appear the same day, and soon affords the most alarming symptoms. The pulse becomes small, soft, weak, and very quick, and the patient is delirious, or comatose. The physicians ascribe these symptoms to a malignant fever, produced by the fright. Still, however, as the disease increases

creases in danger, the contused leg affords marks of gangrene. The patient dies on the sixth day. On examining the dead body, it is discovered, that if instead of raising the leg by the foot, the surgeon had taken it up by the knee, the fracture would have been easily felt, as the leg would then have bent ; the ends of the fractured bone, which supported each other in the first position, being unable to do so in the other. The dissection of the leg proves too, that the tibia was fractured, and that some splinters of the bone had excited the fever and gangrene, and the other symptoms, that ended in death.

§ CXVII. (* 13.)

The epileptic convulsions, that come on towards the close of Acute Diseases, are sometimes preceded by a sensation of tension, in the muscles of the neck, and by a pain in the throat, that is accompanied, however, neither by redness, nor swelling. A patient, whom I attended, of the name of Agret, was ill of a continued fever. The disorder did not afford any fatal symptom ; nevertheless, the patient's countenance, and great weakness, alarmed me so much, that I recommended to his friends, the settling of his affairs. It was about this time, that he began to complain of a painful tension on the right side of his neck, and of pain in his throat. It was carefully examined by M. Sarraw, his surgeon, and myself, but we could discover no marks of swelling, or inflammation. We had hardly completed the examination, when the patient was attacked with epileptic convulsions, which were succeeded by
coma,

coma, and death. It was, doubtless, the observation of similar cases, that induced Hippocrates to give the following Prognostics: *Fauces valde dolentes et aquales cum jaclatione, crudeliter et cito mortiferae.* Coac. 265. *Faucium dolor prægrandis parotides et convulsiones facit, atque cervicis et dorfi dolores.* Ibid. 268.

§ CXVII. (* 14.)

Every physician, who has any practice, must necessarily have frequent occasions of being convinced of the propriety of these Prognostics, which are an exception to the doctrine of Hippocrates, Coac. 109. that convulsions, in these fevers, are less dangerous when they occur in children under seven years of age. If a physician, who visits a patient so affected, under that age, and should, on the testimony of Hippocrates, take upon him to say, that they are not very dangerous, he would, in my opinion, give as great a proof of his inexperience, as of his erudition.

§ CXXIII. (* 15.)

They, who attend women in labour, have the most frequent opportunities of observing the truth of this Prognostic. When the labour is exceedingly tedious, and painful, it very commonly occasions epileptic convulsions, which, when they are to terminate in death, end in an apoplectic comatose affection. We likewise see, tho' much more rarely, other

other acute, and long continued pains, exciting convulsions, apoplectic sleep, and death. I suspect it is, to this sort of death, Hippocrates alludes, when he says, *qui ex dolore fuint aphoni, crudeliter moriuntur.* *Coac.* 249.

§ CXLIII. (* 16.)

I give the name of cross palsy, to that kind of hemiplegia, in which the left leg and right arm, or the left arm and right leg are affected. This kind of hemiplegia, is, indeed, very rare, but we sometimes see it happen.

§ CLXIII. (* 17.)

The atrabilious vomiting, is of a deep brown, or blackish colour, not unlike that of foot, when wet with water. This sort of vomiting, when it takes place in Acute Diseases, is fatal: in chronic diseases, it likewise denotes the patient to be near his end. We are to be careful, however, not to attach so unfavourable an idea to it, when it occurs in a fit of atrabilious colic. I will, therefore, observe here, as a caution to young physicians, that there are persons, who, from a peculiarity of temperament, or by habitual errors in diet, have a matter of this sort continually forming, and that this, when accumulated to a certain degree, brings on a fit of colic. The paroxysms are characterized by the vomiting of a brown, blackish matter, usually of an exceedingly acrid, and sometimes very rancid, taste. The duration

ration of the fit is of considerable variety. In some it is over in a few hours ; in others it lasts seven or eight hours, without producing any fatal effects. I have a patient, in whom I have had occasion to see more than thirty of these paroxysms, in the space of eight and twenty years.

§ CLXVI. (* 18.)

The iliac passion, an Acute Disease, is characterized by the following signs. Nothing passes downwards. The patient is almost incessantly vomiting. Every time he pukes, he finds himself relieved, but this relief is of short duration. Thirst soon obliges him to drink. The nausea begins again, and the vomiting. The matter he brings up, is of various colours, yellow, green, &c. All, however, agree in depositing a sort of minced matter, a kind of grounds. Towards the close of the disease, when it ends in death, the matter thus thrown up, diffuses, commonly, a foetid, stercoral odor.

Sometimes the patients vomit up entire portions of excrement. This, however, does not often happen. The generality of those who perish by this cruel disease, commonly dying without having any vomiting of this sort. An acute fever is always complicated with this disorder, when it is of short duration. The rapidity of its progress, is proportioned to the violence of its symptoms. If the fever is acute, as well as the pain, and the vomiting, and distress afford the patient no interval of repose, it usually terminates in a few days. Sometimes it runs

on to the tenth, fifteenth, and even thirtieth day, when the symptoms are moderate.

If it be essential to define diseases, and to characterize them by the signs they afford in their very beginning, it would certainly be erroneous to distinguish this by a vomiting of matter that smells like excrement, because this takes place only towards the close of the disease, when it ends in death; much less should we say vomiting of excrement, because this very seldom takes place at any period of the disease. Experience seems to have proved to me, that, independent of the other symptoms, the iliac vomiting is chiefly characterized by the minced matter, the sort of grounds of which I spoke.

The accidents, occasioned by strangulated hernia, and, likewise, an infinite number of dissections, prove, that the iliac passion is produced, every time the intestinal canal is obstructed or compressed, so that the free progress of the fœces towards the anus, is intercepted. Admitting that the disease may take place, merely by an inversion of the peristaltic motion; and supporting this argument by what has, sometimes, been seen to happen in the cases of clysters, and suppositories voided at the mouth, yet it would be to renounce every day's experience, in favour of some few marvellous observations, which are the more suspicious, as not being confirmed by the observations of our most experienced practitioners (l.)

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(l) The ancients do not seem to have considered vomiting as a pathognomonic symptom of the *ιλιος*, *ileus*. Hippocrates observes, that *ἐπὶ εἰλεῷ ἔμετος ἢ λυγρὸν κακὸν*, Aphor. Sect. vii. which shews,

When the free passage of any part of the intestinal canal, becomes suddenly and totally intercepted, the disease, resulting from it, is an acute iliac passion, whether it arise from inflammation, intromission, hernia, a bundle of worms, hardened fœces, or the husks of grapes, or other fruit, &c. (m).

But

shews, that he thought there might be ileus, without either of these.—The moderns, however, seem to agree to give the name of iliac passion, only when the peristaltic motion is inverted. When this inversion proceeds from hardened excrements, or flatus, or strangulated hernia; or tumours within the cavity of the abdomen, or from inflammation, Sydenham will allow the disease to be only a *spurious iliac passion*, because, says he, it is not, “*an inversion of the whole duet, but of those parts only, which are situated above the seat of the obstruction.*” He gives the name of *true iliac passion* to the disease, only when the irritation and inversion of the peristaltic motion extends through the whole of the canal, and this, amongst other signs, “appears from clysters being vomited up,” a proof that the great man had seen this symptom take place.

Sir John Pringle says, he saw this *true ileus* of Sydenham only once, (the patient died) and he imagines that it has been but rarely seen in our times, by those in the greatest practice, and seldom or never cured. *Obs. on the Dis. of an Army.*

Boerhaave speaking on this subject, says, “*Testes sunt gravissimi viri, non scybala sola, sed ipsos aliquando clysteres per os ejectos fuisse, (verum stercus alvinum ipse per os excerni vidi, 1732.)*” *Prælect. Academ. de Instit. Tom. vi. page 204.* Other authorities might be quoted, but it is presumed, that these three respectable ones will be sufficient to prove, that altho’ the symptom in question, may not have occurred to the learned author, and is, indeed, a very rare one, yet that it really has sometimes happened.

(m) The reader will meet with several interesting cases of hardened fœces, and of plumb stones retained in the intestines,

But if the diameter of any part of the intestinal canal, is, by any means, gradually diminished, whether it be by primary affection of the intestine itself, or by the pressure of some neighbouring tumour, there comes on another kind of iliac passion, which may be stiled a chronic disease. This chronic iliac passion, becomes established by almost insensible degrees. In general, the patients begin by feeling a sort of weight or embarrassment, in some part of the lower belly, and this always, at the same place, and at the same period, after a meal. They have a disrelish, and sometimes an aversion for food. Sometime after a repast, their mouth abounds with saliva, and they spit considerably. At length, when the disease is more established, they vomit. This vomiting, in general, takes place soon after a meal, sometimes, however, not till long afterwards. The matter, they bring up by vomiting, is aliment, more or less digested, and slimy, bilious matter, varying in its colour, but which deposits the sort of grounds,

times, in a collection of cases in surgery, published by the ingenious Mr. White, of Manchester.—There are similar accounts likewise, in *Philos. Trans. abridged*, vol. v. p. 256, et seq. *Edin. Essay*, vol. i. and vol. v. and in *Essays Phys. and Literary*, vol. ii. Hardened balls, and even stoney concretions, are, sometimes, met with in the colon.—The *nucleus* of these, is generally a fruit stone; similar concretions are more frequent in some other animals, especially cows and horses.—I have taken stones of this sort, from the colon of a horse, that weighed more than three pounds.—The colon, from its structure, is particularly liable to these concretions. The seat of the dysentery is known to be chiefly in this part of the canal, and we are sensible how much the irritation is kept up by the hardened forces in that disease.

I spoke

I spoke of as characterizing the iliac vomiting. In this case, the belly is not completely bound. Clysters, and gentle laxatives, usually procure stools. But the disease is not the less certainly fatal; and when it takes place in a chronic disease, we may expect that the patient will inevitably die.

§ CLXXXVI. (* 19.)

These stools, when they have been preceded, neither by bleeding at the nose, nor vomiting of blood, usually owe their appearance to an hemorrhage, from some branches of the mesenteric vessels. This discharge is very often, in some degree, critical, and contributes to the cure of the disease. *Sed et existit,* says Duretus (n), *dysenterio quæ consolatur et est critica ut sanguinea; et quæ lienosis supervenit critica est: et quæ senibus hæmorrhagiæ loco.* If any of our readers can doubt of the identity of the stools, alluded to in this part of our work, with the dysentery here mentioned by Duretus, he will easily be convinced by consulting the whole of the passage.

An evacuation of blood, in this way, is, therefore, very often advantageous, and especially if it be moderate. But it is, sometimes, so considerable, by reducing the patient to extreme weakness, that the physician must give him speedy, and suitable help. I have, generally, found a plentiful use of oxycrat, a very useful remedy in these cases. I dis-

(n) Annot. in Hollerum de morb. intern. Cap. 43.
solve

solve about an ounce of sugar in every pint of the oxycrat, that he may be able to take sufficiently of the acid, without offending the palate, or stomach of the patient. When Lommius says, *Si ruptâ intus venâ aut adâpertâ sanguis dejicitur, is ab inferioribus locis fere purus fertur, parum nigrescens: a superioribus autem protinûs ater, ac liquidæ pici simillimus, quotamen tineta lintea rubent: ut hæc notâ is quoque facilè diffidere ab atrâbile possit (o)*: he evidently speaks from observations, and every practitioner, who is attentive, tho' in only very limited practice, will be able to satisfy himself of their truth.

§ CXCIH. (* 20.)

“ In the beginning of May, 1770, I visited a
 “ man, who, during five days, had felt all the
 “ symptoms of inflammation of the breast, a disease
 “ then prevalent, and which denoted itself by an
 “ acute fever, pain in the side, spitting of blood,
 “ and difficulty of breathing. In this patient, there
 “ came on a retention of urine, which proved a
 “ speedy, and compleat crisis to the disease. This
 “ retention of urine continued four days, and during
 “ this time, we occasionally had recourse to the
 “ catheter. At the end of that time, the flow of
 “ the urine was re-established, but without any return
 “ of the disease, which had been terminated by
 “ this singular crisis.”

(o) Obser. Medic.

I copy

I copy this fact, verbatim, from my journal. It proves, that I have sufficient reason for asserting, that a retention of urine may serve as a crisis to an Acute Disease. I have, besides, several times seen a retention of urine, take place in the course of similar diseases, so that the patient has required the use of the catheter, and this, without any disagreeable event. Sometimes, however, I have seen it occur in cases that were truly mortal. To appreciate, therefore, the Prognostic, that such a symptom affords, we are not to consider it alone, but with all the other that accompany it, so that if the retention that happens in an Acute Disease, causes the more alarming symptoms to diminish, or disappear, we may conclude it to be critical. I have thought it the more necessary to give this remark, on the opinion we are to form of the retention of urine, in these cases, because, the celebrated Houlier assures exactly the contrary, and seems evidently to attribute, to the spurious ischuria, or to a suppression of urine, all the passages of Hippocrates, where he seems to give a favourable Prognostic from the ischuria: while he considers the true ischuria, or the retention of urine, that occurs in an acute fever, as being constantly a sign of excessive weakness, and approaching death (*p*).

§ CCX. (* 21.)

I have really seen Acute Diseases, and particularly inflammations of the breast, terminate in this way:

(*p*) Comment. i Coac. v. lib. i.

and

and these critical sweats, seem to be distinguishable from those, which are the effect of the exacerbation of the fever, by following close after the horripilatis, without that previous dryness of the skin, which, in the exacerbations, and paroxysms, is accustomed to interpose between the shivering, and the sweat. I think with Houlier (*q*), that Hippocrates alludes to this kind of sweat, in his *Prænot. Coac.* where he says, *febris ardens superveniente rigore solvitur.*

§ CCLXII. (* 22.)

That the reader may not be deceived in the application that is to be made of this Prognostic, I think it right to make some few observations on the disease, to which it relates, and of which we have no sufficiently exact account, either in ancient or modern books.

The disease, to which I give, simply, the name of *rheumatism*, is what physicians, and others, often call *gouty rheumatism*. It may be distinguished into acute, and chronic. The former is accompanied with an acute fever, and the pains are much more violent, than those of the chronic rheumatism.

The fever, that accompanies the acute rheumatism, is usually remittent, and its exacerbations give it the type of a quotidian.

(*q*) Com. 1. in lib. iv. Coac. Sect. 22.

Violent pains in the moveable articulations, are the characteristics of this disease; these pains usually begin in the knees, and commonly continue there for a day or two. They then affect, successively, and, as it were, alternately, the different joints of all the limbs; sometimes one or two only, but more commonly, many of them at a time; and return again, at different times, to the parts they had before attacked, and quitted.

These pains are, sometimes, so excruciating, that the patients cry out through fear, on the least appearance of any thing being likely to touch, or hurt them. We are, likewise, obliged, for the same reason, in many of these cases, to keep off the bed clothes, and other covering, from the pained part. They are not always, however, in the same degree, but have their vicissitudes of increase, and remission, which correspond with the exacerbations of the fever. In general, they are attended with considerable swelling, and especially of the wrists and knees.

The acute rheumatism is of various duration. It is seldom terminated in less than fourteen or fifteen days, and sometimes it runs out to forty, and even sixty. In some cases, the fever, and the pains, cease at the same time; whereas, in others, the pains continue, even after the fever has disappeared, and torment the patient, tho' in a less degree, during many months. Now and then the disease gives rise to tophaceous concretion in the joints, which interrupt, and, sometimes, wholly prevent their motion. Sometimes too, it occasions a dropy of the knee

Q q

joint,

joint. The swelling of the knee, when the disease is in a certain degree, commonly affords a sensible fluctuation, which is evidently from an accumulation of synovia, within the capsular ligament. In general, however, this is soon dissipated. But not so, when it continues for some time, or after the fever has disappeared, for in these cases, it is often very difficult, and even altogether impossible, to be obviated by remedies.

This disease occurs, neither in old age, nor in infancy. I have, indeed, tho' very rarely, seen it in subjects of twelve or thirteen years of age, but then it was of less violence, and duration, than it is in patients, who are past twenty.

When the disease has attained its acmé, it often affects, tho' in a slight way, the articulations of the vertebræ, and of the lower jaw: sometimes, too, it infects the lungs, (probably affecting the membranes, and ligaments belonging to the bronchial cartilages) and occasions pain in the breast, difficulty of breathing, cough, spitting of blood, and in a word, the symptoms of pleurisy, or peripneumony: now and then, in these cases, the pulse is unequal, and intermits. However dangerous the state of the patient may seem to be, in these occasions, we are not to despair of his recovery. Experience proves to us, that the matter of the disease, has a disposition to produce neither suppuration, nor gangrene; but, adhering to its character of mobility, soon quits the new seat it has chosen in the breast, and returns back to the limbs.

Left

Left to itself, or assisted only by regimen, there can be no doubt, but that nature will cure this disease, without the use of remedies. The means she employs here, are, as in the other Acute diseases, fever, hemorrhage at the nose, and evacuations by stool, sweat, or urine. The physician imitates, and assists nature, in these cases, by moderating the fever, by venæsection, and solliciting, in due season, evacuations by stools, and sweat. He may, likewise, be very useful on these occasions, by mitigating the pain, and inducing sleep by narcotic medicines. However respectable the authority of Sydenham may be, I venture, as many others have done, to differ from him here. I think that opiates may be useful in these cases, when prescribed by a prudent physician. They do not seem, as he asserts, to fix the disease, and render it more difficult of cure. The great difference we observe in the duration and obstinacy of this disease, seems to depend more on its primitive character, and on the particular disposition of the subject, than on our method of treating it. When a man has been attacked with pleurisy, it will, perhaps, return again a second or third time, in the course of his life, or it may happen, that he feels no more of it. It is the same with the rheumatism.

The chronic rheumatism is, likewise, known by the pains, which successively attack the moveable joints, and are usually accompanied by swelling of the parts. This disease, is very obstinate, and sometimes last six months, a year, and even a much longer time; now and then, it continues through life. It rarely, tho' it sometimes occurs, that it is fatal to

the patient. When this does happen, the patient is deprived, by the violence of the disease, of all motion, and is reduced to a most emaciated state, by a slow fever, and by the influence of the rheumatism on his breast. It more commonly happens, however, that they become lame, by the tophaceous concretions, or by dropfy of one, or both knees. I have, likewise, seen the flexer muscles of the fore arm, become so hard and retracted, as to contribute to abolish the motion of the elbow.

Young people are more subject to chronic rheumatism, than those in more advanced life. It is not seen, I believe, in old persons, nor are those who are born of gouty parents, more liable to it, than others.

Sydenham seems to have written accurately from observation, when in describing the rheumatism, he says, "*Æger atroci dolore nunc in hoc, nunc in illo artu infestatur, in carpis, humeris, genibus præsertim, qui locum subindè mutans, vicissim illos occupat*" (r). Riverius, on the other hand, seems not to agree with observation, when he says, "*non solum articuli, sed etiam media inter articulos spatia, musculi nimirum, &c. rheumaticos affectus experientur*" (s). And Hoffman still less, in the following expressions; "*in rheumatismo musculi cum eorum membrana communi, et tendinibus, ubi ossibus inferuntur, gravi dolore et spasmo hinc indè in artu-*

(r) De rheumatismo.

(s) De rheumatismo.

“ *bus aliisque corporis regionibus afficiuntur*” (t).
The moveable articulations, and especially, those of the limbs, are the true seat of this disease.

It has, indeed, this in common with the gout; but it differs from it, in so many respects, that it would be superfluous to remark here, with a number of authors, that they have done well to describe the rheumatism a-part, and distinguish it from the *arthritis*, a name, applied now, only to the gout, but under which, the rheumatism has, sometimes, been described: witness the following passage from Hippocrates, in his book, *De Affect.* where the acute rheumatism is pretty exactly described.

“ *Arthritis morbus, cum detinet corporis articulos ignis et dolor invadit. Corripit etiam acuta, et in alium atque alium articulum dolores acutiores et leviores decumbunt. Hic morbus ex bile et pituitâ oritur et brevis quidem et acutus est: sed minime lethalis. Junioribus que magis quam senioribus contingere solet. . . . Podagra verò ejusmodi omnium qui circa articulos oriuntur (affectuum) violentissimus quidem est ac diuturnitissimus*” (u).

§ CCLXVII.

(t) Tom. ii. p. 317.

(u) The ancients, says the learned Sir John Pringle, (in his *Obs. on the Dis. of an Army*,) gave the name of *arthritis*, to the affection of all the joints, whether the pain arose from rheumatism, or gout. If not all, but some particular joint suffered, the distemper was denominated from the part; hence the terms *chiragra*, *podagra*, &c. These pains differing from each other, they distinguished them, according to the different humours, which they supposed to be the cause of the disease. The word *ρευματισμός* occurs, indeed, in Galen, but seemingly, only in the

§ CCLXVII. (* 23.)

Petechiæ usually appears, between the fourth, and seventh day of these fevers. They are of a red colour, varying however in the deepness of the tinge, and are as small as a pin's head. They seem to me to rise a little above the surface of the skin, but they must be nearly, and carefully examined, for us to observe this. These exanthemata, are, in general, distinct; sometimes, however, several of them uniting, they form a large spot. The eruption, in some patients, is general, over the whole body; in others, it is confined to the back, or loins, or thighs. It is of a changeable nature, diminishing, or increasing, or disappearing, and returning again several times during the course of the disease. It is pretty constantly preceded, and accompanied by a troublesome cough, which has occasioned the disease, to be called by some writers, catarrhal petechial fever. Fevers of this sort, are not always due to a manifest corruption of the air. They often appear, without our being able to refer them to any known, and sensible cause. If my testimony could add any weight to the opinion of the many celebrated men, who have said it before me, I would

the lax sense of *rheum*, or fluxion, and not to denominate any particular distemper. Ballonius is the first, who seems to have used the word *rheumatism*, to denominate this inflammatory species of arthritis, which he conceived to differ from either gout or catarrh; and we see him beginning his treatise on the rheumatism, by calling it, *affectus pæne, αρετος, apud antiquos*.

add,

add, that experience clearly proves this eruption to be due to the specific nature of the fever which produces it, and not to any particular regimen. Hitherto, in this country, I have seen fevers of this kind, only in winter, or the beginning of spring (x).

§ CCLXVIII. (* 24.)

The purple spots do not rise above the surface of the skin. They are usually circular, and about as large as flea bites; from which they vary, however, in having no little point in the centre, as is the case with flea bites. They likewise differ from the latter in their colour. The purple spots being commonly of a deeper, and sometimes wine colour, approaching to violet. It would seem, as if authors have, sometimes, confounded purple, with petechial fevers; altho these two sorts of exanthemata, differ very sensibly from each other; indeed, we sometimes, towards the close of fatal petechial fevers, see an eruption of purple spots, which may then, at the first glance, be clearly distinguished from the petechiæ, that were there before them.

When a flea bite is of some standing, its disk is effaced, and only the point, where the insect penetrated, remains tinged. When this point is recent,

(x) The reader will find the subject of *petechiæ*, very fully, and ably treated, by Sir John Pringle, in his appendix, page xcvi. et seq.

it is surrounded by a rose coloured, circular disk, almost as large as a lentil. The true petechiæ, when they are distinct, resemble flea bites of some standing, while purple spots, are more like recent flea bites.

The miliary eruption is hitherto unknown in Lower Languedoc, where I practice, and therefore, being unable to speak of it from experience, I beg leave to refer the reader to the many authors who have written on the subject (y).

§ CCLXXIV. (* 25.)

I knew a person, who, every time she ate strawberries, felt, during the digestion, a violent shivering, which was succeeded by shivering, and a copious eruption on the skin. These symptoms went off after a few hours. I have likewise seen a student of physic, who, after drinking a little too much Muscadine wine, had an indigestion with shivering, fever, and an eruption, which was so general, over

(y) The best authors seem now to be agreed, that the miliary eruption is, merely, the offspring of too hot a regimen, that it is not occasioned by any specific matter, propagated by contagion, and has, therefore, nothing critical in it, but may be occasionally produced, under certain circumstances of fever, heat, and sweating. Mr. White, who has treated this subject, very much at large, in his ingenious Treatise on the Management of Pregnant and Lying-in-Women, has been at the pains to collect together, in a note, the authors who have written on the miliary fever; as follows: Sir David Hamilton, &c. &c.— See White's Treatise, page 32.

his

his face, as to disfigure him altogether, and to alarm himself, and his friends exceedingly. Before the next morning, it had totally disappeared. In France, we give the name of *porcelaine* to that sort of eruption, which resembles that, produced by the stinging nettle.

§ CCLXXV. (* 26.)

In the remittent comatose fever, when it assumes the type of a double tertian, it would be only to prove our inexperience, to establish any hope of the happy event of the disease, on the observation of the lesser exacerbation, the symptoms of which, seem to be less alarming than those of the preceding fit. All the fevers, that have a similar course, and in the hemitritæa, the more violent exacerbations that occur every third day, are to be carefully compared with each other, that we may know whether they increase, or diminish.

§ CCCXXII. (* 27.)

Many authors have improperly considered this symptom as a particular kind of fever, which they have named *lypiria*. Experience, however, contradicts them, and proves, that this symptom is essential to no kind of fever, but that it pretty often comes on at the close of acute fevers, whether inflammatory or malignant, when they have a tendency to death.

R r

§ CCCLXXXV.

§ CCCLXXXV. (* 28.)

Such was the practice of Sydenham, during the plague at London. Having observed, that the sweat was one of the means, nature took to terminate the disease favourably, he conceived, that it would be possible to bring on such a crisis, artificially; he began, therefore, by calming, by means of theriaca (z), the nausea, that tormented the patient; and he then caused him to be covered, and to drink plentifully of a sudorific decoction.

§ CCCCXV. (* 29.)

M. De Haen has written a dissertation on the critical days; and the conclusions he forms in it are quite contrary to my sentiments, on the subject. The celebrity of that writer, therefore, induces me to give here, my motives, for differing from so respectable an authority, in a matter of so much importance.

(z) The learned author, probably, had not Sydenham's works before him, when he wrote this note, but quoted him from memory.—Sydenham did not advise the theriaca, in these cases, to check the vomiting, but to act as a sudorific, when the patient was free from nausea.—“*But,*” says he, “*if there be a vomiting, as frequently happens in the plague—I forbear sudorifics, till, by the weight of the bed clothes, a sweat begins to appear, . . . for then the vomiting ceases.*”

I have

I have already referred to the different passages, (*Hip.* 242, & *seq.*) in which Hippocrates contradicts himself, with respect to the critical days. These opposite assertions being to be met with in works, that are equally high in the esteem of physicians, and equally considered, as being the truly works of that celebrated man, we cannot but be at a loss, how to determine, what was his true doctrine, on this head. Galen has endeavoured to reconcile these passages, or rather, to determine which of them ought to be preferred: and, according to him, the fourth, the seventh, the eleventh, the fourteenth, the seventeenth, and the twentieth, are to be considered as the principal days.

To M. De Haen, Galen's explanation is not sufficiently satisfactory. He ascribes the contradictions that occur in the writings of Hippocrates, to the negligence, and inaccuracy of the copyists, who might easily give rise to the mistake, by substituting one numerical letter for another (*a*). He therefore

(*a*) The reader, who has not the writings of M. De Haen, in his possession, will not be displeased, to see here, the passages alluded to by the author. Græcis moris est numeros literis ut exponant nunc ante inventam typographiam libri omnes stylo vel calamo exarabantur; quique scribendi arte victum quærirærent, veloces eos in opere illo esse oportebat, nil committendis in eo erroribus facilius fuit. Potissimum si manuscriptorum vetustas vietas literas contineret. Unde nam aliter manuscriptorum complurium varietas tum stupenda, tantaque contradictio nata? Id quod eruditus *Foëcius* toties acerbissimè

therefore concludes, that if we had no other way to determine the dispute concerning critical days, than the reconciliation of these contradictory passages, the question would ever have remained in a state of uncertainty. But, says he, we have two other means of deciding it, by consulting the observations of Hippocrates, and by our own experience. He, therefore, consulted the chemical observations of the divine old man, and from thence, was enabled to draw out the following table of critical days, in two hundred cases.

conquestus est. Ita ut ad locum, de quo agitur, epidemicorum plurima exemplaria dissona invenerit : tribus antiquissimis octavum diem reticentibus; duobus aliis decimum, ac vigesimum octavum; apponentibus vero, qui non in prioribus, diem vigesimum et vigesimum quartum. Iterum aliis exemplaribus expungentibus diem quadragesimum octavum, ejusque loco quadragesimum quartum laudantibus; aliis addentibus post centesimum, vigesimum. Nosque hodie in Aph. iv. 36. legimus 21. diem: Galenus legit 20, et verissimè quidem; in omnibus vero Celsi exemplaribus 21 notatus fuerit.

Merito proinde concludimus notarios, five antigraphos, similitudine literarum, numeros designantium, deceptos fuisse, quod in victis manuscriptis facile; sæpius ve eosdem numeros, quod festinantibus solemne, omisisse. Adeo hoc Galeno persuasum ut quod *Pythis* tertio *Epid.* non xi. sed x. die obiisse legatur, librariorum erroriad scribat. *Rat. Medend.* Tom. i. p. 20, et seq.

DAYS.

DAYS.	CRISES.
The third day afforded 7 crises,	{ 3 good, 3 bad, 1 good, but uncertain as to the day.
The fourth - - 12	{ 6 good, 6 bad.
The fifth - - 14	{ 4 good, 5 with relapse, 4 bad, 1 fatal, but uncertain as to the day.
The sixth - - 25	{ 13 fatal, 11 with violent relapse; 1 doubtful, whether it belongs to the 6th, or not, good, however.
The seventh - 28	{ 11 fatal, 8 complete, 9 uncertain, or with re- lapse.
The eighth - - 4	{ 1 good, 2 fatal, 1 with relapse. It was the same with all the dis- eases of this constitution.

DAYS.

DAYS.	CRISES.
The ninth - -	6 { 3 fatal, 1 with relapse, 2 good.
The tenth - -	3 { 2 bad, 1 with relapse.
The eleventh - -	9 { 3 bad, 4 good, 2 either doubtful or with relapse.
The twelfth - -	5 { 2 fatal, 1 good, 2 imperfect.
The fourteenth	19 { 3 bad, 15 good, 1 with relapse.
The fifteenth -	2 { 1 good, 1 bad.
The sixteenth - -	1 bad.
The seventeenth -	8 { 6 good, 2 bad.
The eighteenth -	2 { 1 good, 1 doubtful.

DAYS.

DAYS.		CRISES.
The nineteenth	- -	1 good.
The twentieth	- 16	{ 10 good, 1 imperfect, 5 bad.
The twenty-first	-	1 bad.
The twenty-second	2	{ 1 good, 1 with relapse.
The twenty-third	1	{ doubtful, whether it be- longs to that day or not.
The twenty-fourth	4	{ 2 bad, 1 good, 1 with relapse.
The twenty-fifth.	1	{ bad, doubtful, however, whether it belongs to that day, or not.
The twenty-seventh	2	{ 1 good, 1 bad.
The twenty-ninth	1	{ with relapse, untill the 40th day. It was the same with all the dis- eases of this constitu- tion.

DAYS.

DAYS.		CRISES.
The thirty-fourth	2	{ 1 good, 1 fatal.
The fortieth	12	{ 8 good, 2 fatal, 2 doubtful, or with re- lapse.
The fifty-first - -		1 good.
The sixty-seventh -		1 bad.
The seventieth -	2	{ 1 (perhaps) good, 1 bad.
The seventy-fifth -		1 good.
The eightieth -	4	{ 3 good, 1 fatal.
The hundredth - -		1 good.
The hundred & twentieth		1 bad.

This is the table, M. De Haen has given to us, and this, as well as the conclusions he draws from it, I will beg leave to consider, with that freedom, which is so essential to an enquiry after truth.

If

If that celebrated writer, will not allow us to attend to the contradictory passages we meet with in the dogmatical writings of Hippocrates, concerning the critical days, because the copyists may have given us one numerical letter for another, how happened it, that the same difficulty did not occur to him, in the clinical observations? It would seem, that if the copyists committed several mistakes in the transcribing of five or six passages, they would be equally liable to commit a greater number, in transcribing two hundred observations; and, therefore, having often written one day for another, no dependence can be had on these observations, to determine the doctrine of critical days. We must, therefore, admit all the contradictory passages on the critical days, that are to be met with in the writings of Hippocrates, and endeavour, with Galen, to conciliate them, or to select those which seem to claim the preference; or if we suppose them to have been wholly changed by the negligence of the copyists, we certainly should suppose this, as well of the clinical, as of the dogmatical writings, and ought, therefore, to give up all thoughts of deducing from them, the doctrine of critical days.

It would seem, altho' M. de Haen does not expressly say it, that he extracted these two hundred observations from the *epidemics* of Hippocrates. It is well known, how high the first and the third of these books stand in the estimation of the learned. In these are contained the histories of forty-two acute fevers. But the second, the fourth, and the sixth books of the *epidemics*, can, by no means be compared to the others. The best critics suppose them

to be spurious, or at least collected from some scattered observations that might have been found amongst the papers of Hippocrates. The fifth, and the seventh, are more worthy of that great man, and contain interesting observations. But a great many of those contained in the fifth book, are repeated verbatim in the seventh.

M. de Haen would, therefore, have done well to have informed us, from what books of the epidemics, he derived the hundred and fifty terminations of acute fevers, which he associates and confounds with the forty-two celebrated observations of the first and third books. We should then have been able to have determined, with more precision, what degree of confidence his table is entitled to. The critical reader, who, from a desire to weigh, properly, both my arguments, and those of M. de Haen, is induced to go through the second, and the four last books of the epidemics, will, with difficulty, find a number of observations, sufficiently clear and distinct, to deserve to be confounded with the forty-two cases of the first and third books, so as to make up the two hundred cases, which according to M. de Haen, are to establish the doctrine of critical days. He seems, himself, to have been aware of this difficulty, in the following passage: *Nemo auctoritatem hujus doctrinae pondusque inde labefactori autumet, quod ad eandem probandam non nulla sunt ex ejusmodi petita operibus quorum Hippocratis ne sint, an aliorum, sit dubia fides.* He replies to it, however, by saying, that of the seventy books of dissertations which form the works of Hippocrates, there are only twenty-four, considered by our critics

as

as not belonging to him, but as having been collected from his papers, by his sons Theſſalus and Draco, and his ſon-in-law, Polybius; and that Galen, Celfus, and the moſt enlightened commentators of Hippocrates, conſidered even theſe as very valuable. The reader will, with me, probably not be ſatisfied with ſo vague an answer. See what the learned Baron Haller ſays, on the ſecond and four laſt books of the epidemics, in his edition of the *Principes Medicinæ*. See, likewise, the commentary of Galen on the ſecond book of the epidemics.

But are the deductions M. de Haen infers from the above table perfectly exact? And ſuppoſing all the obſervations, on which it is founded, to be accurate and authentic, does it effectually prove the ſolidity, and utility of the doctrine of critical days? Theſe are queſtions, that we will now endeavour to determine.

Every thing conſidered, ſays M. de Haen, the 24th aphoriſm, of the 2d ſection (*b*), is that which agrees beſt with the obſervations of Hippocrates, and which, of courſe, has been the leaſt corrupted. According to theſe obſervations, the third, fourth, fifth, ſeventh, ninth, eleventh, fourteenth, ſeven-

(*b*) Index ſeptimi quartus, ſequentis ſeptimanæ octavum initium. Spectandus etiam eſt undecimus, ſiquidem iſ ſecundæ ſeptimanæ quartus eſt. Rurſumque decimus ſeptimus ſpectandus: iſ enim à quarto decimo quartus eſt, ſed ab undecimo, ſeptimus. *Aph.* 24. *Seſt.* 11.

teenth, twentieth, and fortieth, are the principal critical days (*c.*)

These two assertions are, evidently, contradictory to each other. If the aphorism, quoted by M. de Haen, is that, which agrees the best with the observations, and has been the least changed, the doctrine of Hippocrates, on the critical days, such as Galen seems to have fixed it, (See § cccxi.) is consistent with experience ; and if so, we ought to erase from the number of these days, the third, fifth, and ninth, neither of which, are mentioned in this aphorism, or if these days are to be considered as critical, we must allow, that the aphorism in question, is one of those which have been the most changed, whereas the 36th aphorism, of the 4th section (*d*), would then seem to be more perfect.

Does that part of M. de Haen's table, which relates to the eighth day, seem to differ sufficiently from that which relates to the ninth, to authorize us to consider the latter only, as one of the principal critical days ; and to exclude the former ?

(*c*) Ex omnium autem recensione elufecit id, quod Aph. 2.—24. Omnium maximé cum observatis Hippocraticis conveniat, adeoque omnium minime corruptus fit. . . . , Secundum hæc observata maxime critici sunt dies, 3, 4, 5, 7, 9, 11, 14, 17, 20, 40. *Rat. Medend. Tom. 1.*

(*d*) Sudores febricitantibus boni sunt et judicatorii.

Shall

Shall we simply give the name of critical days, to those on which Acute Diseases the most commonly terminate, either well or ill? Or taking this definition in good part, which deserve to be remarked by the frequency, and solidity of favourable crises, that take place on them? taking, as most people do, the expression in the latter sense, it must be confessed, that M. de Haen's table discomposes, and contradicts, in a singular manner, the ideas we are favoured with, of critical days, by all the writers who are attached to the doctrine.

The seventh day, which has always been so famous amongst the critical days, a day, that Galen compared to a benevolent prince, appears here, under a very different aspect. Eleven deaths, to eight complete crises, authorize us to consider it as a very alarming day, on which nature seems rather to effect the destruction, than the recovery of the sick.

The observations, which relate to the third fourth, ninth and eleventh days, give rise to similar reflections.

According to the doctrine of Galen, and all his followers, the fourth day, was in the opinion of Hippocrates, the most remarkably critical. M. de Haen's table, is, however, contradictory to this: he represents the fifth, as being more favourable than the fourth, because the latter had as many deaths, as critical terminations in health, that happened on it; whereas, of the same number of cases
on

on the fifth, there were a third, that ended in death ; a third, good ; and a third, incomplete.

The third, and the ninth days, which M. de Haen considers as critical days, have been excluded from that rank, by almost all the Hippocratic physicians who have been attached to the doctrine of critical days.

If I likewise might be permitted to draw my consequences from a similar table, supposing it to be founded on observations, that are authentic, and sufficiently described, I would say, that it proves the 3, 4, 5, 6, 7, 11, 14, 17, and 20 days, to have been the most common periods of the acute fevers, to which these observations refer. That the fourteenth day was, without contradiction, the most favourable ; next to that, the twentieth ; and then the seventeenth : and, that there would only remain to inquire, whether the diseases that were favourably terminated on those days, were so by crises which began and were ended on the same day, or whether they did not terminate in the way of solution (e) ; and lastly, whether, when Hippocrates, says of a disease, *judicatus est*, he does not often allude to this mode of termination, and not always to a crisis properly so called.

It would, likewise follow, from this table, that the seventh, and the eleventh, procured, indeed,

(e) See § ccccvī, ccccvīi.

complete

complete crises, as well as the third, fourth, and fifth ; but, then the deaths on those days, are in so great a proportion, when compared with the terminations in recovery, that we cannot venture to consider them as favourable critical days. It would therefore, be very imprudent to regulate in any degree, the Prognostic and treatment of an Acute Disease, on the consideration of such or such of these critical days, on which it would seem, it ought to terminate, since this consideration, is in no way, capable of encouraging us, and becomes of no weight, when compared with those we have mentioned, § ccccxiv.

Might we not, likewise conclude, from this table, that, in general, we have reason to dread those acute fevers, the alarming symptoms of which appear so rapidly, as to dispose them to terminate between the fourth and seventh day ; since we find that these four days afford, without comparison, the greatest number of deaths, and that the fevers, which run on to the fourteenth, are much less fatal. See § cccv.

We ought, likewise, to consider, how much any data, that are founded on such tables, may be influenced by chance, and the various combinations of different cases ; we should, likewise, carefully attend to the consequences to which these data may give rise. Let us take, for instance, the collection of forty-two authentic observations, which are to be found in the first and third books of the epidemics : their terminations will be found to furnish out the following table.

IN

IN FORTY-TWO CASES.

DAYS.	CRISES.
The second day afforded a crisis,	{ 1 fatal. The ninth pa- tient of the first book.
The third - -	{ 1 good. The eleventh patient, book 3, sect. 3.
The fourth - -	{ 3 fatal. The seventh patient, book 3, sect. 2. The fourth, and fifth, book 3, sect. 3. 4 { 1 good. The sixth pa- tient, book 3, sect. 3.
The fifth - -	{ 1 good, somewhat im- perfect. The seventh patient, book 1. 3 { 2 fatal. The eighth pa- tient of book 1. The fourth of book 3. sect. 2.
The sixth - -	{ 1 good. The twelfth pa- tient, book 3, sect. 3. 3 { 2 fatal. The first, and the eleventh patients of book 1.

DAYS.

DAYS.

CRISES.

The seventh	3	3	fatal. The eighth, tenth, and eleventh, of book 3, sect. 2.
The ninth	1	1	crisis, with relapse, the third patient of book 1.
The tenth	2	1	good, by expectoration. The first patient of book 3.
		1	fatal. The third patient, book 3, sect. 3.
The eleventh	3	1	good. The fourteenth patient, of book 1.
		2	fatal. The second and the twelfth patients of book 1.
The fourteenth	2	1	critical sweat, and vomiting, about the fourteenth day. The thirteenth patient of book 1.
		1	fatal. The twelfth patient, book 3, sect. 2.

T t

DAYS.

DAYS.

CRISES.

The seventeenth	3	{ 1 good. The third patient of book 1. 2 fatal. The sixth, of book 3, sect. 2. and the fourteenth of book 3, sect. 3.
The twentieth	2	{ 1 good. The fifth patient, sect. 2. of book 3: 1 fatal. The fourth patient of book 1.
The twenty-fourth	2	{ 1 good. The tenth patient, sect. 3. book 3. 1 fatal. The sixteenth patient, sect. 3. book 3.
The twenty-seventh	2	{ 1 good. The seventh patient of book 3. sect. 3. 1 fatal. The second of book 3. sect. 1.
The thirty-fourth	2	{ 1 good. The eighth patient, sect. 3. book 3. 1 fatal. The thirteenth of book 3. sect. 3.

DAYS.

DAYS.	CRISES.
Towards the fortieth 2	$\left\{ \begin{array}{l} 2 \text{ good. The tenth pa-} \\ \text{tient of book 1. and} \\ \text{the third of book 3.} \\ \text{sect. 1.} \end{array} \right.$
Towards the eightieth 3	$\left\{ \begin{array}{l} 2 \text{ good. The fifth pati-} \\ \text{ent of book 1. and the} \\ \text{fixth.} \\ 1 \text{ fatal. The second pa-} \\ \text{tient of book 3. sect. 3.} \end{array} \right.$
Towards the 120th. 2	$\left\{ \begin{array}{l} 1 \text{ good. The ninth pa-} \\ \text{tient, sect. 3. book 3.} \\ 1 \text{ bad. The first patient} \\ \text{of book 3. sect, 3.} \end{array} \right.$

In all, forty-one cafes, twenty-three deaths.

The day, on which the seventh patient died, book 3. sect. 3. is not mentioned.

The above table proves, at first sight, that if M. de Haen, had founded his data, wholly on these forty-two cafes, he would, necessarily, have derived consequences, altogether repugnant to the doctrine of critical days. He would have said, that the seventh is the most unfavourable of all, because it affords three deaths, and not one good crisis. The sixth, would have been less fatal, because it gives only two fatal crises, and one complete one. The

fifth, we see affording one favourable crisis, and three fatal ones. We find no termination on the ninth, and, therefore, this, and the fourteenth, which affords one death and one good crisis, would have been erased from the list of critical days. In short, the table would not have indicated one critical day.

If, therefore, chance was able to combine these forty-two cases, we allude to, in such a manner, it will easily be conceived, that the same might have happened to two or three hundred, the result of which would have been widely different from the conclusions of M. De Haen.

These reflections are sufficient to prove, how far M. De Haen is from having demonstrated the utility, and truth of the doctrine of critical days. If any thing could induce us to adopt his opinion, it would be, his assurance, that his doctrines, on this subject, agree with his experience. But my own interior conviction leads me in opposition to the authority of that respectable physician, and to adhere to what I advanced in § ccccxiv. and which I believe to be agreeable to truth and nature.

§ CCCCXXXII. (* 30.)

Dissections prove, that in these sort of cases, we should not be too hasty in concluding there to be metastasis; and that the inflammation, having quitted the lungs, is carried to the brain, or its meninges.

ninges. After such symptoms, dissections often discover a very healthy brain, but a part of the lungs inflamed, and in a gangrenous state.

§ CCCCXLI. (* 31.)

Spirationes quæ non nisi erectâ cervice ducuntur dirum hydropem faciunt. Hip. Coac. 424.

A mason, was in the twelfth day of a pleurisy. He seemed to be somewhat relieved, when he was affected with so violent a difficulty of breathing, that he was obliged to sit up in his bed, and even in this situation, he was able to breathe only with great difficulty. Two other physicians, and a very experienced surgeon, were called into consultation with me, and we all agreed, that the patient afforded, all the symptoms of an effusion into the cavity of the thorax. We were not permitted, however, to perform the operation for the empyema, and the patient died in less than four and twenty hours. After his death, I could only obtain leave to plunge a knife between the ribs, on the side in which we had reason to suspect an effusion, and there immediately flowed out a stream of a whitish serous fluid, that rose to the height of three or four inches.

This observation, together with those of the same kind, which we find in Morgagni (*f*), proves to

(*f*) De sedibus et causis morb. epistol. 21. § xxxiv.

us, the clear, and natural meaning of § ccccxiv, of the *Præn. Coac.* and which the best commentators have hitherto served only to render more obscure. The epithet σκληρον applied by Hippocrates to dropsy, may be understood in a figurative, as well as in its strict sense. Hippocrates used it in both these ways (g). Many authors, taking it in its strict sense, have rendered the Prognostic in this way: *orthopnæam facit hydrops durus*; others, instead of *durus*, have written *siccus*. I own, I have no conception of any disease that can be called a *hard dropsy*; nor can I imagine, what affinity the difficulty of breathing can have with a dry dropsy, or tympanites. But taking the adjective σκληρον in a figurative sense, and writing *orthopnæam facit durus hydrops*, the meaning of the Prognostic will then appear to be very natural; and this Prognostic occurring in that part of the *Coac.* where Hippocrates points out the signs peculiar to inflammations of the breast, we cannot help thinking, but that he derived it from observations similar to ours. It is farther remarkable, that this Prognostic of the *Coac.* has an ultimate affinity with the fourteenth of the *Prænotiones*, which is conceived in the following terms: *Quod si dum morbus viget, ægrotus velit residere, hoc in omnibus acutis malum, in pulmonis verò pessimum.* The Prognostic of this symptom is said to be the same in both works, but in the *Coac.* Hippocrates

(g) See the *œconomia Hippocratica* of Fœsius, at the same Greek word.

farther insinuates that this symptom depends on an effusion of serum.

What then is to be the conduct of the physician, in these circumstances? Is he to abandon the patient to his fate, or will it be prudent to attempt to cure him by the operation for the empyema, or at least, by a puncture into the thorax? This is a nice and important question, to which we cannot reply, until we have particularly examined all the cases, which having this difficulty of breathing as a common symptom, differ, however, very essentially from one another, as to the success they would promise from such an operation.

It ought, in the first place, to be remarked, that orthopnæa coming on in an inflammation of the breast, gives room indeed to suspect, tho' it does not prove there to be an effusion. This symptom may be occasioned by inflammation of both lobes of the lungs, or by the polypous concretions in the heart, and great vessels, which so often take place, towards the close of those diseases. An example of this sort may be seen in Morgagni (*h*).

It will, therefore, not be sufficient, that orthopnæa comes on in a similar disease, to enable us to decide, whether the operation is to be performed or not; we must carefully inquire, whether to this symptom, there are not joined others which confirm

(*h*) De sedib. et caus. epist. 20. § xxiv.

the suspicion of effusion. These other corroborating symptoms, will be chiefly a sense of weight and inconvenience in the lower part of the breast, together with a sort of undulation within the breast.

It seems, in short, to me, that the orthopnæa, arising from an effusion of serum, comes on suddenly, and sometimes in the very moment when the patient gave hopes of a cure. But when it depends on a violent inflammation and adhesion of the two lobes of the lungs, it may be expected to come on gradually. If it is occasioned, towards the close of a fatal inflammation of the breast, by polypous concretions in the heart, and great vessels, this cause will necessarily be preceded and accompanied by all the signs of a sudden and inevitable death.

Supposing, that a careful examination of the patient confirms us in our opinion, that his orthopnæa is occasioned by an effusion: still there remains to be known whether this effusion has taken place in both cavities, or on only one side of the breast.

If, during the course of a pleurisy, we observe the signs of an effusion within the breast, we have reason to presume, that it is confined to the inflamed side. If the patient describes the weight, and inconvenience he complains of, as being confined to this one side, and is unable to lie, or even repose himself on the opposite side: if at the same time, we observe that side to be sensibly larger, and more expanded than the other, and on applying the hand to it, we feel a sort of undulation, which is not to be perceived in the opposite side; we may then, from
all

all these signs, conclude the effusion to be only on that side. It is in this case, therefore, that we may try the operation of the paracentesis of the thorax : especially if from the absence of other alarming signs, we have reason to consider this effusion, as the chief cause that threatens the death of the patient.

In many cases, without doubt, such an operation will be ineffectual, sometimes, because the lungs, or the pleura, or mediastinum, or pericardium, will have been so affected by the disease, that death would have ensued, independent of the effusion. Sometimes too, it will be fruitless, because the hydrothorax will, perhaps, be complicated with dropsy of the pericardium, the signs of which, are, as yet, too imperfectly known, to be able to determine us, with any degree of certainty, in these cases.

The physician, therefore, who advises the operation, has a right to expect, that in general, it will fail of success ; and he will do well, to inform the patients friends, that this last resource succeeds only with a very small proportion of the patients who are reduced to so dangerous a state. But altho' not more than one in fifty may survive it, yet ought we not to neglect to have recourse to it.

§ CCCCXLIII. (* 32.)

I am aware, that latterly, some very respectable writers, who have examined this matter, *ex professo*, have been led by their observations, and reflections,

to assert, that this appearance of the blood, can afford no Prognostic sign whatever. But I confess, it is impossible for me to be of their way of thinking, being certain, that the Prognostics I have given, in § CCCCXLII, CCCCXLIII. are the result of long experience, and a great number of observations.

§ CCCCLXIV. (* 33.)

A fervile spirit has been no where so predominant, as in phytic. The very disease we are now speaking of, is a convincing proof of this truth. It was Galen, who asserted, that in pleurisy, the pulse is constantly hard, and all later writers have servilely copied him, by saying the same thing, in contradiction, as it were, to the observations they had every day an opportunity of making. There are pleurifies, in which the pulse, from the very attack, so far from being hard, is soft, small, and weak. This happens in the malignant pleurisy. In inflammatory pleurisy, the pulse is sometimes hard, sometimes soft, and open; in certain cases, very small; in others very much expanded. In a word, the pulse is neither constantly the same, in all pleurifies, nor in any one, from the beginning to the end. It is wrong, therefore, to introduce hardnels of the pulse, into the definition of the disease.

§ CCCCLXVI. (* 34.)

This, or I am deceived, is one of those cases (so frequent in phytic) where our reason must submit

mit to observation. I have, indeed often seen, that inflammations of the breast, which began with obstinate vomiting, were liable to exhibit, in their course, a purulent expectoration. But how are we to explain this? is a question, I will not attempt to answer.

§ CCCCLXLV. (* 35.)

It is necessary to caution the inexperienced practitioner, against an error of Prognostic, which I have often seen committed. A pleurisy, or peripneumony being followed by a remittent or intermittent fever (at least, in appearance) that assumes the type of a tertian or quotidian; and each paroxysm beginning with a shivering similar to that which occurs in a true intermittent; I have seen the physician consider and treat it as an intermittent. A more instructed practitioner, however, will not easily suspect, that a fever of this kind can easily succeed a pleurisy or peripneumony; but comparing the progress of this fever, with all the other symptoms of the disease, he will discover it to be a suppurative fever.

§ CCCCLXXXIX. (* 36.)

To confirm what I advance in this paragraph, I will transcribe a case, written by me, in 1752. I give it as it occurs in my collection. " Hunc mor-

U u 2

bum

" bum, (pulmonis tuberculum (*i*), vidi apud Ar-
 " naud cui, cum jamdiù tussiret ac dolorem per-
 " sentisceret in pectore, in cervicis parte porticâ,
 " imò et secundum brachia, itâ ut alterutrum attol-
 " lere sine dolore non posset, observata est inter se-
 " cundam et tertiam costas lateris dextri pulsatio
 " valdè manifesta, quæ me ipsum et alios aneurys-
 " matis opinione fefellit. Tuberculum maturatum
 " ruptumque (ut pus per expectorationem ingenti
 " copiâ prodiret) aneurysmatis speciem penitus sus-
 " tulit. Similis tumor aneurysmatis opinione Bal-
 " lonium decepit. *Epid. lib. 2.*"

§ DXVI. (* 37.)

It is this sort of abscess, that is described by Hip-
 pocrates (*k*), under the name of tubercle of the
 lungs. " Tuberculum in pulmone fit hoc modo.
 " Cum pituita aut bilis coacta putrescit : Et quam-
 " diu quidem adhuc crudius fuerit, dolorem exilem
 " ac tussim siccam inducit. Postquam autem matu-
 " ratum fuerit, dolor et ante et retrò acutus fit, et
 " calores corripiunt ac tussis vehemens. Et si
 " quidem quàm citissimè maturuerit et eruperit, et
 " pus fursùm vertatur, ac totum expuatur, et ventri-

(*i*) There is question, in this part of my collection, of the
 tubercle of the lungs, described by *Hippocrates de morb. Lib. 1.*
 The reader will see what I say of it in § DXV. *et seq.*

(*k*) *De morb. Lib. 1.* See likewise, *Lomii. Obs. Med. p.*
120, and the preceding note.

" culus

“ culus in quo fuerat pus, contrahatur ac resiccetur,
 “ penitus sanusevadet, &c.” This tubercle of the
 ancients, was therefore, very different from that to
 which the moderns have given the same name.
 That of the ancients was properly an abscess;
 whereas, the moderns understand by tubercles,
 hard glandular swellings, which forming in the lungs
 excite cough and fever, and at length degenerating
 to ulcers *mali moris*, bring on consumption,

§ DXXVI. (* 38.)

All that I say here, on the subject of lymphatic
 vomica, (§ CCCXXI, et seq.) is founded on obser-
 vation. I have seen every thing that I mention in
 § DXXII, et seq. to DXXV. The conjecture in
 § DXXVI. is likewise founded on observation. I was
 called in the night, to see a lady, aged thirty years,
 who six months before had brought up a lymphatic
 vomica, and had escaped the phthisis with which
 she was threatened. She died, suffocated before I
 could get to her. I conjectured that a new vomica
 similar to the former one, and which she could not
 bring up, had occasioned her death; but I could
 only conjecture, as the friends would not permit me
 to open the body.

§ DXXXIX. (* 39.)

When a patient dies from such an hemorrhage, it is
 usually the affair of a few minutes only; blood in
 such a case, is thrown up in great profusion, either
 from

from the rupture of some aneurism, which discharges itself into the bronchiæ, or because an ulcer of the lungs has destroyed the coats of some of the great vessels. In a great number of consumptive patients, we see some few who die in this way. But so long as the expectoration of blood, is no more than a simple hemoptysis, that is, so long as the patient spits up blood only by coughing, we have no reason to fear a similar event. It is the more necessary to caution the young physician on this head, as the desire of stopping the discharge too suddenly, has often led to great errors in the treatment of this delicate disease.

§ DLII. (* 40.)

It is essential, to be acquainted with the symptoms that are the usual forerunners of apoplexy, because it may be sometimes in our power to correct the disposition to it, by exercise, regimen, &c: whereas, if it once takes place, it either proves immediately fatal, or leaves behind it, infirmities, which often continue during life. Amongst the signs that denote the predisposition to apoplexy, we may include fixed and obstinate pains in some part of the head, as a leading sign. We frequently meet with paralytic patients, who complain of having felt this during a month or two previous to their first attack of apoplexy, or hemiplegia.

§ DLVI.

§ DLVI. (* 41.)

The definitions of apoplexy we sometimes hear in the schools, and which we meet with in a variety of authors, are liable to lead the young physician into the most serious errors. If we define to him apoplexy, as being a sudden privation of all feeling, and voluntary motion; with stertor: we do not give him a definition which is general enough to include all the cases which the experienced practitioner will discover to be apoplectic. We only define to him the apoplexy, which is violent, and fatal. We should, therefore, inform him, that this disease will occasionally vary much as to its degree of violence: that sometimes it destroys the patient instantaneously, and at others, agrees with the definition, we have just been criticizing, and then may be considered as the violent and fatal apoplexy of Hippocrates; that in other cases the loss of sensibility, and motion, is far from being sudden, but takes place by degrees. In short, that there are apoplexies in which the respiration is without stertor, and in which the patient preserves the power of swallowing; more or less of motion and sensibility, when pricked or pinched; and on which, when tormented to a certain degree, he opens his eyes, and even pronounces some few words.

T H E E N D.

The definition of apophysis is
in the first place, a word which
of course is used to denote the
the first of the series of
the second of the series of
the third of the series of
the fourth of the series of
the fifth of the series of
the sixth of the series of
the seventh of the series of
the eighth of the series of
the ninth of the series of
the tenth of the series of
the eleventh of the series of
the twelfth of the series of
the thirteenth of the series of
the fourteenth of the series of
the fifteenth of the series of
the sixteenth of the series of
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the eighteenth of the series of
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the twenty-first of the series of
the twenty-second of the series of
the twenty-third of the series of
the twenty-fourth of the series of
the twenty-fifth of the series of
the twenty-sixth of the series of
the twenty-seventh of the series of
the twenty-eighth of the series of
the twenty-ninth of the series of
the thirtieth of the series of
the thirty-first of the series of
the thirty-second of the series of
the thirty-third of the series of
the thirty-fourth of the series of
the thirty-fifth of the series of
the thirty-sixth of the series of
the thirty-seventh of the series of
the thirty-eighth of the series of
the thirty-ninth of the series of
the fortieth of the series of
the forty-first of the series of
the forty-second of the series of
the forty-third of the series of
the forty-fourth of the series of
the forty-fifth of the series of
the forty-sixth of the series of
the forty-seventh of the series of
the forty-eighth of the series of
the forty-ninth of the series of
the fiftieth of the series of
the fifty-first of the series of
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the fifty-fourth of the series of
the fifty-fifth of the series of
the fifty-sixth of the series of
the fifty-seventh of the series of
the fifty-eighth of the series of
the fifty-ninth of the series of
the sixtieth of the series of
the sixty-first of the series of
the sixty-second of the series of
the sixty-third of the series of
the sixty-fourth of the series of
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The EDITOR, having been at too great a Distance from the Press, whilst the Work was printing, to be able to correct the Sheets himself, begs the Reader to excuse the following ERRATA.

Page vi of the Preface, second Line from the Bottom, *for to those, read of those.*

xv *for extends, read extend.*

171 *for Empiema, read Empyema.*

193 *for apthalmia, read ophthalmia.*

274 *for bube, read bubo.*

288 *for fuint, read fiunt.*

293 *for Mesenteri, read Mesenteric.*
for morb. interm. read morb. internus.

294 *for tineta, read tincta.*

295 *for other, read others.*
for assures, read asserts.

296 *for horripilatis, read horripilatio.*

297 *for concretion, read concretions.*

298 *for capcular, read capsular.*

300 *for flexer, read flexor.*
for experientur, read experiuntur.

301 *place the comma after detinet, instead of morbus.*

302 *for appears, read appear.*

305 *for All the fevers, read In all the fevers.*

307 *for truly, read true.*

308 *for erroriad scribat, read errori adscribat.*
for chemical, read clinical.